

**MILWAUKEE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Behavioral Health Division



**2010 PURCHASE OF SERVICE GUIDELINES
PROGRAM AND TECHNICAL REQUIREMENTS**

Alcohol and Other Drug Abuse Recovery Support Coordination

Issued January 2010

Date: January 4, 2010

To: Interested Parties

From: Walter Laux, Director, Community Services Branch, Milwaukee County Behavioral Health Division

Subject: Request for Proposal – Recovery Support Coordination for Persons with Substance Use Disorders

Since 2004, the State of Wisconsin has applied for and received Access to Recovery (ATR) funds from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), a multi-million dollar discretionary grant program for states to provide people seeking drug and alcohol treatment vouchers to pay for a range of community-based services. Additionally, Milwaukee County anticipates receiving a TANF grant for the provision of RSC and AODA services to TANF-funded individuals. For both grants, the State of Wisconsin selected the Milwaukee County Behavioral Division (BHD) to manage the grant-funded projects, and we are now in year three of the ATR 2 grant. We have established a robust voucher system that offers a wide array of both treatment and recovery support services to individuals with drug and alcohol problems. We are anticipating that the ATR 3 grant will soon be published and this, along with pursuit of other funding streams, will allow us to continue with Wiser Choice as a system.

In Wiser Choice, BHD will serve people from 1) the general population, with a special emphasis on 2) families with children, and 3) a criminal justice population. Wiser Choice will improve outcomes of service delivery through:

- Provision of Central Unit services to improve initial engagement, access, assessment and treatment retention;
- The provision of recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes;
- Identification and development of an expanded provider network (including a focused outreach to the faith-based community.)
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation;
- The fostering of genuine, free and independent client choice; and
- Establishment of a data-driven results-oriented management system to monitor and improve outcomes.

BHD is issuing a Request for Proposals (RFP) for organizations that wish to provide Recovery Support Coordination and Case Management services to the identified target population. To ensure that clients receive appropriate services, all individuals meeting enrollment criteria for Wiser Choice services will be assigned to one of three levels of care coordination: Recovery Support Coordination, Case Management or telephonic Recovery Check-Up. This RFP is for both Recovery Support Coordination and Case Management; detailed descriptions of these service categories follow.

Program description and application materials will be available beginning Monday January 4, 2010 on the Milwaukee County web page at www.milwaukeecounty.org or from Rochelle Landingham at the Milwaukee County BHD in the Milwaukee County Mental Health Complex, 9201 Watertown Plank Road, Milwaukee.

Completed applications must be received no later than 4:30 p.m., Wednesday, February 15, 2010 by either 1) hand delivery or mail to Rochelle Landingham, Milwaukee County Behavioral Health Division, 9201 Watertown Plank Road, Milwaukee, WI.

Two RFP Pre-Bid Meetings will be held: 1) Wednesday, 1/13/10 from 3:00-5:00, and 2) Thursday 1/14/10 from 6:00-8:00 p.m.. Both Pre-Bid Meetings will be held in the Helen Carey Auditorium at the Milwaukee County Mental Health Complex, 9201 Watertown Plank Road, Milwaukee, WI.

For additional information regarding the RFP process, please contact Rochelle Landingham at (414) 257.7337 or Jennifer Wittwer at (414) 257.4704.

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CALENDAR OF EVENTS

January 4, 2010	RFP Available
January 13 and 14, 2010	Pre-Bid Meetings
February 15, 2010.....	Deadline for Receipt of Applications
February 16-March 30, 2010	Application Review
March 31, 2010.....	Notification of Award of Service Agreements
May 1, 2010.....	Effective Date of Service Agreements

ALL DATES ARE TENTATIVE AND SUBJECT TO CHANGE

PART I:

***PROGRAM
REQUIREMENTS***

A. INTRODUCTION

PURPOSE OF THIS APPLICATION

The Milwaukee County Behavioral Health Division (BHD) is issuing this Request for Proposals (RFP) for organizations that wish to provide Recovery Support Coordination (RSC) and Case Management (CM) services to persons receiving Alcohol and Other Drug Abuse (AODA) Services. BHD provides services to individuals with substance use disorders and their families in order to support their recovery and help them become contributing members of the community. In 2010, BHD will enter into fee-for-service (voucher) agreements with selected applicants to provide these services. The duration of the initial agreement will be from date of signing through 12/31/2010.

VISION STATEMENT AND GUIDING ELEMENTS MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

Vision Statement

The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

Core Values:

1. Patient centered care
2. Best practice standards and outcomes
3. Accountability at all levels
4. Recovery support in the least restrictive environment
5. Integrated service delivery

Guiding Elements

- ❖ **Patient Centered Care:** All members of the organization embrace a person centered approach focused on service that is respectful, individualized and invites active participation. Treatment is goal directed toward helping persons pursue personal recovery and enjoy independent, productive and healthy lives in the community.
- ❖ **Safe and Cost-Effective Best Practice:** Treatment and support services incorporate current best practice standards to achieve effective outcomes. All participants are committed to an environment of care that ensures safety, manages risk and meets or exceeds national patient safety standards.
- ❖ **Accountable Strategic Planning:** Service areas participate in strategic planning with accountability for dynamic priority setting and outcome measurement. The organization employs cost-effective approaches and project management strategies that lay the foundation for financially viable, future system growth.

MISSION STATEMENT

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

ALCOHOL & OTHER DRUG ABUSE SERVICES: CORE VALUES

The Behavioral Health Division has a strength-based recovery oriented system of care that is driven by a set of core values. These values include:

- A. Family-Centered: A family-centered approach means that families are a family of choice defined by the consumers themselves. Families are responsible for their children and are respected and listened to as we support them in meeting their needs, reducing system barriers, and promoting changes that can be sustained overtime. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well being of the family as a whole.
- B. Consumer Involvement: The family's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Families are viewed as full and meaningful partners in all aspects of the decision making process affecting their lives including decisions made about their service plans.
- C. Builds on Natural and Community Supports: Recognizes and utilizes all resources in our communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the families' relatives, neighbors, friends, faith community, co-workers or anyone the family would like to include in the team process. Ultimately families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all.
- D. Strength-Based: Strength-based programs build on the family's unique qualities and identified strengths that can then be used to support strategies to meet the families' needs. Strengths should also be found in the family's environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences and aspirations. Strengths are expected to emerge, be clarified and change over time as the family's initial needs are met and new needs emerge with strategies discussed and implemented.
- E. Unconditional Care: Means that we care for the family, not that we will care "if." It means that it is the responsibility of the service team to adapt to the needs of the family - not of the family to adapt to the needs of a program. We will coordinate services and supports for the family that we would hope are done for us. If difficulties arise, the individualized services and supports change to meet the family's needs.
- F. Collaboration Across Systems: An interactive process in which people with diverse expertise, along with families, generate solutions to mutually defined needs and goals building on identified strengths. All systems working with the family have an understanding of each other's programs and a commitment and willingness to work together to assist the family in obtaining their goals. The substance abuse, mental health, W-2, child welfare, and other identified systems collaborate and coordinate a single system of care for families involved within their services.
- G. Team Approach Across Agencies: Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creative, and flexible resources of a diversified, committed team. Team member strengths, skills, experience, and resources are utilized to select strategies that will support the family in meeting their needs. All family, formal, and informal team members share responsibility, accountability, authority, and understand and respect each other's strengths, roles, and limitations.
- G. Ensuring Safety: When child protective services are involved, the team will maintain a focus on child safety. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place

are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of citizens from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public.

- H. Gender/Age/Culturally Responsive Treatment: Services reflect an understanding of the issues specific to gender, age, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and understanding of cultural and lifestyle diversity.
- I. Self-sufficiency: Families will be supported, resources shared, and team members held responsible in achieving self-sufficiency in essential life domains. (Domains include but are not limited to safety, housing, employment, financial, educational, psychological, emotional, and spiritual.)
- J. Education and Work Focus: Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency and self-sufficiency, improved quality of life for self, family, and the community.
- K. Belief in Growth, Learning and Recovery: Family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from a belief that every family desires change and can take steps toward attaining a productive and self-sufficient life.
- L. Outcome-oriented: From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members. Legal, education, employment, child-safety, and other applicable mandates are considered in developing outcomes, progress is monitored and each team member participates in defining success. Selected outcomes are standardized, measurable, based on the life of the family and its individual members.

AODA Program Goals

- 1) To achieve improved client and program outcomes by meeting the special multidimensional needs of eligible individuals with substance use disorders and their families who experience problems resulting from that alcohol and other drug abuse by providing treatment, outreach, intervention, care coordination, multi-system collaboration, and recovery support services that are gender and culturally responsive.
- 2) To target services to eligible individuals with substance use disorders and their families who are involved in multiple systems in order to provide coordinated services from those formal support systems using a systems of care approach and care coordination.
- 3) To facilitate and use a family-centered team model to develop plans that includes natural support and other system representatives.
- 4) To develop a system that reinforces and can measure the empowerment of consumers/participants and their involvement in the planning, design, implementation, and evaluation of the program, as well as their care plan.
- 5) To provide cross training and education to professionals who work with eligible individuals and their families and are from different systems in order to achieve positive client/family outcomes.
- 6) To provide, or arrange for, parenting education, vocational assistance, housing assistance, coordination with other community programs, treatment under intensive care (continuum of care).
- 7) To ensure that all services are delivered in a trauma informed and responsive environment.
- 8) To provide screening, information and linkages for Fetal Alcohol Spectrum Disorders (FASD).

It is important that, whenever appropriate, each application demonstrate integration of the above principles and practices into all programs and services provided through these purchase of service agreements.

B. BACKGROUND

In December 2001 the Milwaukee County Board of Supervisors passed a resolution that resulted in the administrative merger of public sector Adult Mental Health (MH) and Adult Alcohol and Other Drug (AODA) services. With the passage of the enabling County Board resolution, the Adult Mental Health Division became the responsible party for both Adult Mental Health and Adult AODA services. Simultaneously, the Mental Health Division, again through a County Board resolution, had its name changed to the Behavioral Health Division to better reflect the merger and its expanded behavioral health responsibilities. These organizational changes became administratively effective on January 1, 2002 and in February 2002 the Adult AODA Services Bureau staff moved to the Mental Health Complex to become part of the Behavioral Health Division Community Services Branch.

In 2003, the Behavioral Health Division (BHD) undertook a significant project of redesigning the public Adult AODA system. In May 2003 the AODA Re-Design Community Coalition was convened. This group, composed of individuals representing the AODA services provider network, BHD staff and consultants met

through the fall of 2004 to analyze the system and recommend improvements in each of four main areas: System Access, Service Array, Evaluation/Performance Review and Management Information System.

ATR 1

In March of 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of Access to Recovery (ATR), a \$100 million discretionary program for states to provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services.

On June 3, 2004, the State of Wisconsin submitted its ATR application to SAMHSA, and on August 3, 2004, the State received a notice of grant award from SAMHSA to fund its application for the Wisconsin Supports Everyone's Recovery Choice (Wiser Choice) program. The State of Wisconsin selected Milwaukee County Behavioral Health Division to serve as the contracted project management agency for Wiser Choice, and BHD was awarded a total of \$22,775,169 over the three-year grant period.

Wiser Choice intended to improve outcomes of service delivery through:

- The enhancement and expansion of the Milwaukee County Behavioral Health Division (BHD) Central Intake System to improve initial engagement, access and treatment retention.
- The provision of recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes.
- Identification and development of a broader provider network (including a focused outreach to the faith-based community).
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation.
- The fostering of genuine, free and independent choice by making available "Provider Profiles" that include "Provider Score Cards."
- Establishment of a data-driven, results-oriented management system to monitor and improve outcomes.
- Rewarding results by implementing an innovative system of provider incentives.
- The enhancement of its existing Management Information System so that the bulk of performance and financial indicators and measures will be reported on and maintained electronically. This will enhance accountability of both the provider and the system.

A number of major system changes resulted from Wiser Choice implementation. This included the addition of Recovery Support Coordination, an evidence-based practice modeled on comprehensive case management. A further enhancement utilizing evidence-based practices was employed at the Central Intake Units (CIU). The CIU performs a number of key functions: client identification and registration, financial eligibility, comprehensive screening, level of care determination, referral and linkage with treatment provider and RSC and entry of authorization requests. If the client meets technical eligibility, the CIU performs a Comprehensive Screen to determine if there is a need for substance abuse treatment and, if so, the most appropriate clinical level of care.

Transition from ATR 1 to ATR 2

In January 2007, the Behavioral Health Division (BHD) submitted an informational report to the Health and Human Needs Committee of the County Board regarding the need to implement an AODA sustainability plan due to the anticipated loss of federal funds through the ATR grant in August of 2007. The intent of the sustainability plan was to "ramp down" the system in 2007 to anticipated available funding levels in 2008. BHD began implementing the plan in February and March 2007, including elimination of two Recovery Support Coordination (RSC) agencies and placing caps on residential providers.

On March 23, 2007, SAMHSA issued a new ATR Request for Applications. BHD and the State of Wisconsin submitted the new ATR 2 application on June 7, 2007. BHD did not receive the Notice of Award from SAMHSA until Sep. 19, 2007, and the ATR 2 grant did not begin until Sep. 30, 2007. Due to changes mandated by SAMHSA between the two grants, BHD was not able to admit clients into the system with ATR 2 funding until Nov. 5, 2007 and was one of the first ATR programs from the new cohort to admit clients. Since the first ATR grant had an end date of Aug. 2, 2007, there was a gap of approximately 3 months between the two ATR grants. Even though Wisconsin received the highest national award, funding for the second ATR grant was \$2.5 million less per year compared to the first ATR grant because SAMHSA awarded more ATR 2 grants nationwide.

ATR 2

With the second round of ATR funding, BHD built on its highly successful implementation of ATR 1 by significantly expanding the scope of the criminal justice population served. Wiser Choice now covers the entire criminal justice continuum from pre-disposition (diversion) to sentencing (diversion and courts) to community alternatives to confinement (alternative to revocation and prison) to release from confinement (jail and prison reentry), in addition to the general adult population served in ATR 1.

In ATR 2, BHD has partnered with the Network for the Improvement of Addiction Treatment (NIATx) from the University of Wisconsin, in a focused quality improvement process. NIATx is working with Wiser Choice to identify some key issues within the system to target through-put.

SAMHSA mandated that all ATR 2 grantees must obtain a minimum 80% six-month follow up rate for GPRA (Government Performance and Results Act) data (outcome measures). Grantees who fail to meet the required 80% threshold are subject to a 5% funding reduction in year three of the grant, which was the case for Wiser Choice ATR 2, Year 3 funding which commenced on September 30, 2009. Most recently, Wiser Choice had a site visit from ATR, at which time we were put on corrective action to improve upon our GPRA collection rate, which currently runs at about 62%. BHD has been working with NIATx and implementing a number of strategies to address this ongoing concern, but it is clear that the RSC relationship will be paramount in the success of this endeavor.

Systems Outcomes

Through the ATR grant and other established funding streams, Wiser Choice has been able to significantly enhance all components of the system. The current information system now permits automated voucher authorizations and redemptions; has given BHD the ability to manage “burn rates” and other data in real time; has significantly enhanced reporting capabilities; and created online billing, service capture, automated billing and reimbursement processes. These changes have enabled Wiser Choice to effectively and efficiently manage all of its service and financial resources. Project staff is able to access and provide timely, complete and accurate data as required by SAMHSA and by Wiser Choice.

ATR has provided the opportunity for people in Milwaukee County to choose from an array of services that impacted positively on their lives and support their ability to access AODA treatment, and remain in the system to achieve abstinence. While BHD had a voucher system pre-ATR, it did not have the capacity to provide the array of choices in a package of treatment and recovery support services that would lead to improved outcomes. ATR has allowed Wiser Choice to obtain the following outcomes:

- Client Choice Expanded. The number of service providers in the network increased significantly and currently encompasses 63 providers, with 15 of those being faith-based organizations.
- More Clients Had Successful Treatment. The percentage of all clients receiving treatment who were closed from clinical episodes for reasons considered “successful” (completion or continued treatment) nearly doubled, increasing from 21.1% to 41.9%.

- More Clients Completed Treatment. The total number of clinical episodes closed for the reason “completed treatment” increased from an average of 23.5 per month to an average of 152.3 per month. Thus, Milwaukee Wiser Choice resulted in more than a six-fold increase in the number of clients who completed treatment.

C. PROGRAM DESCRIPTION: Recovery Support Coordination

Client Eligibility

Recovery Support Coordination services may be provided to individuals who:

- Reside in Milwaukee County;
- Are at least 18 years of age (with the exception that pregnant females of any age are eligible);
- Meet criteria for level of care (as specified by BHD) for substance use treatment;
- Are part of the target population; and
- Are screened and authorized for services by a Central Intake Unit.

Target Population

BHD is targeting two populations:

- 1) The General Population of Milwaukee County. This target population is inclusive of childless adults and TANF-eligible/funded parents. “*Wiser Choice For Families*,” a newly created program track focuses on the needs of families and gender-specific services for women and their children (pregnant, custodial parents, and non-custodial parents who have current meaningful relationships with the children, or intent to develop this relationship during the duration of treatment).
- 2) Criminal Justice Population:
 - a) incarcerated individuals that are reentering the Milwaukee community from prison and
 - b) persons on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation.

Families with children from both the general and criminal justice populations will be prioritized. Other high priorities include pregnant women and intravenous drug users.

Applicants must be prepared to provide services to both the general and criminal justice populations.

Definition of Recovery Support Coordination

To ensure that Wiser Choice and Wiser Choice for Families is utilizing its resources in the most effective manner possible, this RFP is seeking applicants to provide two levels of Recovery Support Coordination services to meet the varying needs of the population served: Recovery Support Coordination (RSC) and Case Management (CM). For individuals who demonstrate low levels of risk/need for coordination and high levels of motivation/capability to follow through on their treatment needs, a telephonic Recovery Check-Up service is also being made available but will not be part of this RFP. Individuals entering the Wiser Choice system may be assigned to any one of the three levels of care coordination at the time of intake. The initial assessment and determination for the appropriate level of care coordination required will be made by the Central Intake Unit, with recognition that there may be occasions where requests will need to be made for a greater or lesser intensity of care coordination as needs of the individual change.

It is anticipated that there will be five team awards made from this RFP. Each team will need to consist of the following: 1.0 FTE dedicated supervisor, 6.0 FTE Recovery Support Coordinators and 2.0 FTE Case

Managers. While teams will be performing both RSC and CM services, it is expected that the caseloads will be kept separate and distinct, with no staff person performing both functions simultaneously.

Recovery Support Coordination

For individuals who, at the time of screening present with the highest degree of risk and need for coordination, Wiser Choice has adapted an approach to recovery support coordination based on a nationally-recognized model developed by Milwaukee County's Wraparound Milwaukee program. A central tenet of the role of the RSC involves actively coordinating the process of service planning and delivery, as well as the traditional case management function of helping the client to access services. It is anticipated that approximately 25% of the Wiser Choice population will be determined eligible for RSC services. Examples of "high risk" which would necessitate an RSC referral could include client involvement in multiple systems or demonstrated behaviors that are dangerous to themselves or others.

The RSC helps the client to form a Recovery Support Team (RST) consisting of both formal and informal/natural supports. The formal supports consist of representatives from various systems with whom the client and family are involved, (e.g., treatment, recovery support providers, CJ, TANF, child welfare, etc.). Informal supports may include relatives, friends, clergy or other members of the faith community, school personnel, and/or other community members. The purpose of the team is to assist the client to develop and achieve the goals of a Single Coordinated Care Plan (SCCP) that incorporates the needs of the client and the requirements and resources of all involved systems. The RST meets early in the client's enrollment and develops the initial SCCP, which identifies goals, service needs and available resources. Based on the SCCP, the RSC helps the client select additional RSS and choose providers. The SCCP is reviewed by the Recovery Support Team at a minimum of every 30 days or as necessary and amended as a client's needs change.

To provide continuity of care, the same RSC follows the client throughout their course of treatment, even as the client moves through different levels of care and various clinical and RSS providers. Should RSC services no longer be necessary or appropriate, a request can and should be made for a move to Case Management or Recovery Check-Up services so that light care coordination, continued engagement in the treatment process and/or the necessary data collection can still be completed for the individual.

Initial authorizations for treatment and RSC/CM are issued for a standard number of units and duration, specific to each service, in sufficient quantity to permit the Recovery Team and the BHD Administrative Coordinator (AC) to become familiar with the client's functioning. For clinical treatment, during the authorization period, the treatment provider applies the ASAM criteria to request a change (in either direction) of level of care at any time. Therefore, the length and intensity of a subsequent authorization, rather than being standard, is driven by the individual client's needs. The BHD Administrative Coordinator checks the clinical data provided against the ASAM placement criteria and the SCCP, and provides authorization accordingly. Justification for reauthorization for RSS must also be reflected in the SCCP.

The RSC will:

1. Maintain a caseload of 15 clients for a family or 20 clients for single individuals;
2. Provide recovery support coordination services to each client throughout the duration of enrollment in BHD AODA Services so long as said level of care is indicated;
3. Refer individuals with less intensive needs to Case Management or Recovery Check-Up services;
4. Make contact with a referred client within 24 hours of notification by the CIU and immediately if the client has emergent needs;
5. Make every reasonable effort to locate clients who have been referred by Central Intake for Recovery Support Coordination, but who do not keep their initial or subsequent appointments with the Recovery Support Coordinator or other identified provider;

6. Routinely update client contact information and/or the “Client Locator Form”;
7. Develop a preliminary Single Coordinated Care Plan (SCCP) (see Appendix for SCCP form) with the client, based on the comprehensive screening conducted by the BHD central intake unit (CIU), to address the most immediate needs;
8. Assist the client to develop a Recovery Support Team within two weeks of enrollment consisting of both formal and informal/natural supports. Formal supports should include representatives from each system with which the client and family are involved (e.g., criminal justice, child welfare, W-2, AODA treatment, mental health, etc.). Examples of informal/natural supports include relatives, friends, neighbors, clergy, congregation members, etc. The purpose of the team is to assist the client to develop and achieve his/her goals;
9. Have contact with client at least weekly, and conduct recovery team meetings monthly;
10. Further develop the SCCP together with the client and the Recovery Support Team, within a period of time specified by BHD policies and procedures, based on the comprehensive screening and other relevant information;
11. Submit the preliminary and subsequent versions of the SCCP to BHD as part of the Service Authorization Request process for continued care and/or additional services;
12. Assist the client to choose services consistent with the SCCP and providers of those services in a manner that ensures informed choice;
13. Assist the client in accessing recovery support and treatment services;
14. Develop, with the help of the Recovery Support team, a plan that identifies sources (in addition to BHD) to pay for services, and document the plan in the SCCP. The Recovery Support Coordinator will negotiate the allocation of funding among the various system representatives. The Recovery Support Coordinator is expected to maximize the use of low/no-cost community support/resources to the extent possible and appropriate. Recovery support coordination providers are expected to maximize the procurement of other (non-BHD) billable sources (e.g., Medicaid, Title 20) that fund services they provide to AODA Services clients.
15. Monitor and update the SCCP as needed to assure adherence to the SCCP. Facilitate coordination to address problems and barriers that arise.
16. Review the SCCP a minimum of every 30 days and amend as the client’s needs change or emerge;
17. Monitor to assure that service authorizations are current. Request extensions of and additional service authorizations from BHD as indicated by up-to-date patient placement criteria (provided by the clinical treatment provider) and the SCCP;
18. Monitor the provision of services by agencies as called for in the SCCP;
19. Provide case management services as required, including:
 - Coordinate medical appointments and medical inquiries
 - Coordinate social services (DSS, SSA, foster care, payee)
 - Coordinate independent housing search
 - Coordinate legal advocacy (probation/parole officer., attorney, courts)
 - Coordinate benefits
 - Attend appointments and court hearings with clients as necessary
 - Troubleshoot and intervene as appropriate to make sure clients get to their treatment and other appointments, etc;
20. Provide or arrange for public, agency, or other transportation, as needed, to enable clients to attend recovery-related appointments, meetings, court hearings, etc.;
21. Provide 24-hour, 7-day-a-week crisis access to their assigned clients;
22. Document in the client record, according to BHD protocol, all services provided;
23. Complete the required outcome data collection instruments for each client at intake when needed (i.e. for particular sub-groups for which the CIU does not perform this function), again at 6 months post-intake if the client is still in service, and within 2 weeks of discharge from all

- clinical services. These instruments capture the Government Performance and Results Act (GPRA) data required by SAMHSA as well as information required by the State of Wisconsin Division of Mental health and Substance Abuse Services (DMHSAS);
24. Administer a client satisfaction instrument according to a protocol to be designed by BHD;
 25. Assure compliance with program completion measurement protocols for each client;
 26. Attend all trainings and meetings as mandated by BHD.
 27. For agencies working with the target criminal justice re-entry population: Collaborate with the the parole agent and other providers/stakeholders to establish and implement a transition SCCP plan, prior to the client's release to the community. The responsibility of the Recovery Support Coordinator will be to attend pre-release case planning meetings to discuss how to develop and implement a transition plan; i.e. by assuring that providers have been identified for each service and that initial appointments have been made.

Case Management

It is expected that there will be many individuals who do not have the high-intensity needs that require the services of an RSC, but who are still in need of regular contact to remain engaged in treatment and receive light case management and data collection services. To provide continuity of care, the Case Manager follows the client throughout their course of treatment, even as the client moves through different levels of care and various clinical and RSS providers. Should Case Management services no longer be necessary or appropriate, a request can and should be made for a move to Recovery Check-Up services so that continued engagement in the treatment process and/or the necessary data collection can still be completed for the individual.

The Case Manager will:

1. Maintain a caseload of 50 individuals;
2. Provide light care coordination services to each client throughout the duration of enrollment in BHD AODA Services;
3. Refer individuals with less intensive needs to Recovery Check-Up services;
4. Make contact with a referred client within 24 hours of notification by the CIU;
5. Make every reasonable effort to locate clients who have been referred by Central Intake for Case Management services, but who do not keep their initial or subsequent appointments with the Case Manager or other identified provider;
6. Make contact with each client on at least a weekly basis;
7. Routinely update client contact information and/or the "Client Locator Form";
8. Monitor to ensure that service authorizations are current. Based upon information obtained from the RSS Tool, request extensions of and additional service authorizations from BHD as indicated by up-to-date patient placement criteria provided by the clinical treatment provider;
9. Monitor the provision of services by agencies as authorized;
10. Provide light case management services as required, including:
 - Coordination of medical appointments
 - Coordination of social services
 - Coordination of housing provisions
 - Coordination of legal advocacy
 - Benefits advocacy
 - Troubleshooting and intervention to ensure individuals get to treatment and other necessary appointments
 - Coordination of transportation needs
11. Provide 24-hour, 7-day-a-week crisis access to their assigned clients;
12. Document in the client record, according to BHD protocol, all services provided;

13. Complete, in face-to-face interviews, the required outcome data collection instruments for each client at intake when needed (i.e. for particular sub-groups for which the CIU does not perform this function), again at 6 months post-intake if the client is still in service, and within 2 weeks of discharge from all clinical services. These instruments capture the Government Performance and Results Act (GPRA) data required by SAMHSA as well as information required by the State of Wisconsin Bureau of Mental health and Substance Abuse Services (BMHSAS);
14. Administer a client satisfaction instrument according to a protocol to be designed by BHD;
15. Assure compliance with program completion measurement protocols for each client;
16. Attend all trainings and meetings as mandated by BHD.

Client Choice of Providers

Clients access Recovery Support Coordination or Case Management services by going to a BHD-contracted Central Intake Unit, completing an intake process which includes funding eligibility and treatment appropriateness determination, and a comprehensive screening to identify clinical and other recovery-related needs. All individuals who are referred for clinical treatment or other recovery support services will receive either Recovery Support Coordination, Case Management or Recovery Check-Up services. Under the terms of the Access to Recovery program, SAMHSA requires that clients be ensured “genuine, free and independent choice” of provider for all clinical treatment and recovery support services. For the purposes of the Access to Recovery program, choice is defined as “a client being able to choose from among two or more providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection.”

As such, the Central Intake Unit (CIU) will provide to each client at intake a list of Recovery Support Coordination, Case Management or Recovery Check-Up providers from which to choose. To enhance informed choice, the CIU will make available to the client, for each provider, a Provider Profile that will offer information about the provider’s services. After obtaining the client’s consent, the Intake Worker will make the referral and the client will have contact with the Recovery Support Coordinator or Case Manager within 24 hours, or immediately if the client has urgent needs.

Payment, Rates, Caseloads and Billing

A. Payment and Billing

As Wiser Choice requires that clients be able to have their choice of providers, clients will be provided a voucher to receive services from the BHD-approved provider of their choosing. BHD will pay the agency on a fee-for-service basis for services provided. Providers may only provide and bill for those services that have been prior authorized. Billing is to be done no less than weekly. Services and corresponding case notes delivered in a week should be entered by the next Friday. Payment is generally issued the following week

B. Unit of Service

For RSC services (SC2003 / SC2004), a unit of service is one day. Providers may charge BHD for each day that the client is enrolled in their recovery support coordination service, regardless of how much actual service is provided on a given day (with some exceptions, including client incarceration). Agencies will be expected to document the type of direct service provided to each client and report this data to BHD. Direct service is the time spent providing service to program participants, which includes: face-to-face contacts (office or community), collateral contacts, telephone contacts, client staffings, and time spent in service documentation. Direct service time does not include indirect time such as that spent in staff meetings, in-service training, etc.

C. Caseloads and Rates

BHD reserves the right to renegotiate the rate and the caseload size based on project experience.

As Access to Recovery requires that clients be able to have their choice of providers, BHD is not able to assure providers of a certain amount of referral volume or associated revenue. However, because cost savings can be achieved by minimizing administrative expenditures, BHD will limit the number of Recovery Support Coordination provider agencies that it approves.

Caseload rates vary depending upon expected caseload size and population served. Providers will be compensated at the following rates:

Recovery Support Coordinator – Individual (Maximum caseload of 20): **\$9.50** per day

Recovery Support Coordinator – Family (Maximum caseload of 15): **\$13.50** per day

Case Manager – Individual or Family (Maximum caseload of 50): **\$3.50 per day**

Additional rates will be paid for successful outcome collection at the following rates:

\$15.00 Disenrollment GBH (face-to-face outcomes interview completed at discharge)

\$30.00 Follow-up GBH (outcomes interview completed 6-months after Intake)

In addition, agencies who participate in at least two pre-release case planning meetings, authorized in advance, for incarcerated individuals re-entering the community will be paid a one time case planning fee of **\$200.00** upon the client's re-entry into the community.

D. REQUIREMENTS OF RECOVERY SUPPORT COORDINATION AGENCIES

Required Staffing and Provider Qualifications for Recovery Support Coordination:

Staffing. Each applicant agency will be required to provide staffing at a ratio of 1.0 FTE of dedicated supervision to 6.0 FTE Recovery Support Coordinators and 2.0 FTE Case Managers. BHD advises selected providers to add recovery support coordination staff incrementally as client volume builds up. As clients must be given their choice of recovery support providers, BHD cannot guarantee a referral volume to any agency. However, the number of agencies that BHD selects will be dependent on volume projections based upon our current and expected funding structure, which is subject to change. At this time, it is estimated that BHD will make awards to five agencies.

Staff Qualifications. Recovery Support Coordinators must possess at least a B.A. or B.S. degree in Social Work, Psychology, Nursing or a related field with experience in human services, preferably case management. Supervision for Recovery Support Coordinators must be provided by an individual with a Masters Degree in Social Work, Psychology, Nursing or other human service profession, and at least three years of relevant experience.

Access. The Central Intake Unit will make the referral to the Recovery Support Coordination agency at the time of screening. The Recovery Support Coordination agency must make staff accessible for referrals during Central Intake Unit business hours. The Recovery Support Coordinator or Case Manager must make contact with a referred client within 24 hours of notification by the CIU or immediately if the client has emergent needs. Recovery Support Coordinators will assist each client to develop a crisis plan, with the goal that clients and their natural support systems will eventually be able to handle crises on their own. As a back-up, the Recovery Support Coordination/Case Management agency will provide 24-hour, 7-day-a-week crisis access to their clients.

Confidentiality/Privacy

The Recovery Support Coordination Agency and its staff must have a thorough understanding of and policies/procedures to comply with Wisconsin patient rights (Wisconsin Administrative Code HFS 94) and confidentiality regulations (HFS 92); the Code of Federal Regulations, 42 CFR, Part 2, Confidentiality of

Alcohol and Drug Abuse Patient Records; and the Privacy and Security Rules of the federal Health Insurance Portability and Accountability Act (HIPAA).

Quality Assurance

Quality Assurance activities ensure the appropriate expenditures of public funds and the provision of quality services. Quality Assurance activities may include, but are not limited to: compliance with all the **Governing Rules** included in these guidelines (especially Item #22, “Inspection of premises and county site audits”); billing reports, treatment delivery and all issued policies/procedures.

Performance Review Process for AODA System Providers

Currently, the AODA system’s Quality Assurance protocol requires random audits of all program areas by the Quality Assurance staff. Agencies and services will be reviewed by established audit criteria.

The Behavioral Health Division Performance Review process currently employed integrates administrative and program monitoring activities within the Community Services Branch to provide formal, consistent feedback to programs. The review consists of a two-tier process including evaluation of both process and program outcomes:

1. Process outcome evaluation is achieved by measuring process indicators within an agency report card. This report card includes quarterly monitors along with random onsite agency audits by the audit team. Verbal feedback from this audit is provided to the agency onsite. Each agency will also be required to do a random self-audit report and report the findings to BHD.
2. Program outcomes are measured for each program.

Information Systems Requirements

Data Requirements. The selected provider will be required to comply with the Behavioral Health Division’s (BHD) Management Information System data needs. This data includes, but is not limited to, service data, agency financial data, and performance measurement data. The provider will have the sufficient technological capacity to adapt agency data systems as necessary to accommodate any and all changes to data reporting requirements as required by BHD. Should modifications to these requirements be necessary, the provider will comply within 90 days of written notification. Failure to comply with required reporting requirements will result in withholding of payment.

The provider will be required to report all necessary information in a timely manner consistent with the needs of BHD.

Hardware, Software and Procedural Requirements.

Required software includes Microsoft Word and Excel. In addition, the applicant agency must have email capability.

BHD requires Recovery Support Coordination agencies to access BHD’s information system via the Internet. Providers will need to meet the minimum computer hardware and software standards as specified by both the BHD and the Milwaukee County Information Management Services Division. These specifications require that all personal computer equipment should be at least a Pentium III 550

MHz processor with the following: 128 MB of memory; a CD-ROM drive or access to a network CD-ROM for installation; a minimum of 300 MB of free disk space for installation and working space during processing; 800 x 600 SVGA display with 256 colors and 16MB of video RAM; Parallel port, TCP/IP Ethernet connection of 10BT; at least a 14" color monitor capable of SVGA display; Windows 2000 Professional or Windows XP Professional; Microsoft Internet Explorer 6.0 or higher. The agency will also be required to make broadband access to the Internet available to all Recovery Support Coordinators and to obtain communication software necessary, i.e., FTP, to access the BHD local area network as well as BHD's primary information system.

Addressing the Emergent Needs of Clients

In general, the needs of clients will be documented in the Single Coordinated Care Plan (SCCP) and will be addressed through the provision of vouchers for clinical treatment and/or recovery support services targeted to address those needs. BHD anticipates that there will be emergent needs that arise that cannot be met through the usual authorization request processes. For example, there may be need for a service (e.g., an interpreter for a particular language) for which there is no BHD-approved provider. For such reasons, Recovery Support Coordinators will be permitted to seek authorization for a voucher to utilize "Discretionary Funds" to purchase the services from a provider of the client's choosing. Discretionary Funds will also be used to purchase miscellaneous services that are not yet part of the SCCP, typically on a one-time emergency basis, to address such needs as household supplies, groceries, clothes, or prescription medication. BHD has the capability to address needs that can be anticipated at least three (3) business days in advance by issuance of a check. For situations for which funds are needed in less than three (3) business days, BHD will reimburse the Recovery Support Coordination agency for justifiable expenditures up to a certain limit (to be decided at a future date). To enable this process, BHD requires of all successful applicant agencies that they provide each of their Recovery Support Coordinators with access to cash or an agency credit card with which emergency purchases can be made.

Program Accessibility

Recovery Support Coordination services must be accessible to:

- (1) Persons who are physically disabled, via building accommodations such as ramps, doorways, elevators, and toilet facilities, and making staff available for persons needing assistance. If a program site is not accessible, provision must be made to accommodate disabled clients.
- (2) Persons who are Deaf and Hard of Hearing. If no staff is available to assist with sign language interpretation, the provider must make provision to obtain interpreter services as needed.
- (3) Persons who are visually impaired through means such as the presence of Braille signage present in the facility, or staff available for assistance in acquainting clients to the facility.
- (4) Limited or non-English speaking persons. If no agency staff is available who speak other languages besides English, the provider must make provision to obtain interpreter services as needed or make appropriate referrals.

Vendors must provide or arrange for public, agency, or other transportation, as needed, to enable clients to attend recovery-related appointments, meetings, court hearings, etc.

PART II:

***APPLICATION
INSTRUCTIONS
/TECHNICAL
REQUIREMENTS***

A. APPLICATION INSTRUCTIONS

General Application Requirements

1. All applications must be typed using the format and the forms presented in the *Technical Requirements*. Applicants may refer to the *Application Format* (p. 20) as a guideline for the order of items.
2. The order of the application is important. For all applications submitted: (1) each **section** of the application must be identified; (2) each **item** within each section must begin on a separate page; and, (3) each **item** must be numbered and titled as it appears on the *Application Format* (p. 20). Proposals that are not organized according to the *Application Format* may be returned to the applicant for reorganization or revision, or they may not be considered for review.
3. New Applicants (agencies who do not currently have service agreements or contracts with BHD) have different submission requirements than do Current BHD Providers. These differences are outlined in the *Application Format* on p. 20 and in the TECHNICAL REQUIREMENTS SECTION that begins on page 21.
4. All pages in the application must be numbered.
5. Pages of the Narrative must have one-inch margins and be single-spaced, with minimum 12 pt. font.
6. If an item in the application does not apply, the agency must state that it does not apply and give the reason why it does not apply.
7. The length of responses to certain items in the Program Design section will be limited. If there is a page limitation, it is indicated next to the heading for each item.
8. The application must include a COVER LETTER, signed by the person authorized to file the application by the agency, addressed to:

Mr. John Chianelli, Administrator
Milwaukee County Department of Health and Human Services
Behavioral Health Division
9455 Watertown Plank Road
Milwaukee, WI 53226

(NOTE: DO NOT SEND THE APPLICATION TO MR. CHIANELLI)

The cover letter must contain the following statement:

I am familiar with the 2010 *Purchase of Service Guidelines: Program and Technical Requirements* by the Milwaukee County Department of Health and Human Services and am submitting the attached proposal, which, to the best of my knowledge, is a true and complete representation of the requested materials.

9. All applications for funding must be received **no later than 4:30 p.m. on February 15, 2010. No extensions will be granted for submission of the proposals unless approved by the County Board Policy Committee.**

APPLICATIONS MAY BE MAILED OR DELIVERED TO:

Milwaukee County Department of Health and Human Services
Behavioral Health Division
ATTN. Rochelle Landingham, Contract Services Coordinator
9201 Watertown Plank Road
Milwaukee, WI 53226

10. The application must include a completed APPLICATION SUMMARY SHEET. **The agency's Federal Identification (ID) Number must be included on the Application Summary Sheet.**
11. Applicants must submit an original plus seven (7) copies of the completed application.
12. Applications submitted by an agency become the property of Milwaukee County upon submission. For agencies awarded a service agreement, the application material submitted is placed in an agency master file; it becomes part of the contract with the Milwaukee County Department of Health and Human Services. Application material becomes public information and is subject to the open records law only after the procurement process is completed and a contract is fully executed. Prior to the granting of service agreements and their full execution, the application material is considered as "draft" and is not subject to the open records law. Applications that do not receive funding will be discarded.
13. Milwaukee County requires Purchase of Service contractors to pay a **Living Wage of \$7.73 per hour** to all full-time skilled and unskilled workers employed in any work performed as part of a Milwaukee County purchase contract.

NOTICE TO ALL APPLICANTS

The information contained in all proposals must be updated and current. Agencies are responsible for updating any information currently on file with BHD from prior applications, which is no longer correct or no longer accurately represents the agency or the proposed program.

Selection of applicants will be based on the quality of the current proposals, as well as the performance of those who have current agreements or contracts. Selection of applicants will also be based on a review of information included in the DHHS agency master file. Application items in the master file must be updated and current for each of the four sections in the Year 2005 Purchase of Service Guidelines – Technical Requirements. The sections are: (1) Agency Structure; (2) Agency Audit, Budget and Fiscal, (3) Program Design and (4) Civil Rights Compliance Plan.

To receive information or assistance, please contact the following persons:

Program Questions
(Section III, pp. 26-29)

Gena deSousa, Integrated Service Coordinator
(414) 267.6920
Chuck Sigurdson, Information Systems
(414)257.7361

Technical Assistance
(Sections I & II, pp. 22-25)

Rochelle Landingham, Contract Administration
(414) 257.7337

PRE-BID CONFERENCE

As part of the RFP process the Behavioral Health Division will conduct two “pre-bid” conferences for interested parties on the following dates:

Wednesday 1/13/10 3:00-5:00 p.m. and Thursday 1/14/10 6:00-8:00 p.m.

Both Pre-Bid Conferences will be held in the Helen Carey Auditorium at the Milwaukee County Mental Health Complex, 9201 Watertown Plank Road, Milwaukee WI.

APPLICATION FORMAT

ITEMS REQUIRED ON SUBMISSION OF APPLICATION

The submission of items in rows with an “X” in the columns under the filing status of your application are required as part of the application.

	RFP Page #	New Applicants	Current BHD Providers*
A. Application Summary Sheet	35	X	X
B. Cover Letter – 2005 Purchase of Service Guidelines	36	X	X
Item Section 1 Agency Structure			
1. Authorization to File	37	X	X
2. Articles of Incorporation	21	X	
3. Bylaws	21	X	
4. Board of Directors, Advisory Committees, Stockholders	21, 36	X	X
5. Agency Organizational Chart	22	X	
6. Personnel Policies	22	X	
7. Client Grievance Procedure	22	X	
8. Insurance Coverage	22, 50	X	X
9. Disclosure	22,37	X	X
10. Equal Employment Opportunity Certificate & Policy Statement	22, 38-39	X	X
11. Certification Statement Regarding Debarment and Suspension	23, 40	X	X
12. Certification Statement - Resolution Regarding Background Checks	23, 41	X	X
Item Section 2 Agency Audit, Budget and Fiscal			
13. Taxation Status	24	X	
14. Certified Audit/Board Approved Financial Statement	24	X	X
15. Accounting Policies and Procedure Manual	24	X	
Item Section 3 Program Design			
16. Program Organizational Chart	25	X	X
17. Program Description	25	X	X
18. Staffing Pattern	26	X	X
19. Accessibility	26	X	X
20. Outcome Data Collection	27	X	X
21. Evaluation Plan	27	X	X
22. Cultural Diversity & Cultural Competence	27	X	X
Item Section 4 Civil Rights Compliance Plan			
23. Civil Rights Compliance Plan	29	X	

***Current BHD providers are responsible for updating any information pertaining to the non-required items (above) currently on file with BHD from prior applications which is no longer correct or no longer accurately represents the agency or the proposed program.**

B. TECHNICAL REQUIREMENTS

SECTION 1 AGENCY STRUCTURE

1. Authorization to File

- a. Submit a statement or board resolution authorizing the filing of a Year 2010 application for funding. Agencies must complete the *AUTHORIZATION TO FILE RESOLUTION* on page 37.
- b. The statement or resolution submitted must be signed by an owner, authorized officer of the agency, or board member. It must identify the agency staff and/or board member, by name and title, authorized to negotiate and sign a Year 2010 contract. Contracts cannot be executed unless a statement or resolution is on file with the DHHS.

2. Articles of Incorporation (New Applicants Only)¹

Submit a copy of your original Articles of Incorporation and any amendments or changes to the original Articles.

3. Bylaws (New Applicants Only)

Submit a copy of your original Bylaws and any amendments or changes to the original Bylaws. Contractor is encouraged to incorporate into their Bylaws a requirement that their Board of Directors include individuals with recognized competence and expertise in financial, legal, and personnel/human resources disciplines as well as experience and knowledge in human services program areas.

4. Board of Directors, Advisory Committees, Stockholders

- a. Complete the *Board of Directors/Agency Owners Demographic Summary* form on page 38.
- b. Submit a list of current board members including a professional resume, name, address, office held, and date when the term of service expires, or the name of each stockholder or owner and their percentage of ownership interest and share of the profits or dividends.
- c. Provide a description of any committees and the committee's purpose, including advisory committees.
- d. Provide a list of the dates on which a Board of Directors meeting will be held in the year for which funds are requested.
- e. Contractor agrees to retain Board of Directors meeting minutes for a period of at least four (4) years following contract termination.
- f. Contractor agrees that County shall have the right of access to Board of Directors meeting minutes upon request.

¹ Current BHD providers are not required to submit items marked "New Applicants Only" unless the information currently on file with BHD from prior applications is no longer correct or no longer accurately represents the agency or the proposed program

5. Agency Organizational Chart (New Applicants Only)

Provide an organizational chart of the agency that details each major department or program. For each department or program, include the position title of the person responsible for the management of it. If appropriate, show the relationship between the agency's governing body and any advisory committees. Include on the chart any ancillary positions such as medical director, consultants, etc. by major department or program.

6. Personnel Policies (New Applicants Only)

Submit a copy of the agency's personnel policies. The policies must include a section on severance pay and reimbursement for travel and meals for employees, board members, and volunteers.

7. Client Grievance Procedure (New Applicants Only)

Submit a grievance procedure that includes the following:

- a. Informs clients of their rights and identifies the process clients may use to enforce those rights. For Behavioral Health Department clients' rights, see §. 51.61, Wisconsin Statutes. and Wisconsin Administrative Code DHFS 94.
- b. Protects persons who file grievances from any retribution for that action and maintains confidentiality of all client information relative to grievances.
- c. Provides procedures that are standardized and proceed through the agency with the final stage of the grievance being the Milwaukee County Behavioral Health Division, Community Services Branch if the grievance is not resolved in the internal steps of the agency. The procedures must include time lines and follow-up procedures of grievance decisions.
- d. Permits clients to arrange for representation in any grievance and assists clients in writing out their grievance if required as part of the procedure.

8. Insurance Coverage

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, including Employer's Liability and insurance covering General and Automobile Liability coverages as specified in Governing Rules #15, p.50. Attach copy of current Certificate of Liability Insurance.

9. Disclosure

Refer to Governing Rules #16, p. 51. Sign and attach Disclosure form (p. 39).

10a. Equal Employment Opportunity Certificate

All agencies are required to complete and return the Equal Employment Opportunity Certificate on p. 40.

10b. Equal Opportunity Policy

The Equal Opportunity Policy form (p. 41) is to be completed and posted at the agency. A copy of the form is to be submitted with your application.

11. Certification Statement Regarding Debarment and Suspension

Refer to Governing Rule #28, p. 60. The Certificate Statement Regarding Debarment and Suspension (p. 42) must be submitted with this application.

12. Background checks

County and Applicant agree that the protection of clients served under this Agreement is paramount to the intent of this Agreement. Applicant certifies that it will comply with the provisions of HFS 12, Wis. Admin. Code State of Wisconsin Caregiver Program (online at <http://www.legis.state.wi.us/rsb/code/index.html>). Provider further certifies that it will comply with the provisions of the Milwaukee County Resolution Requiring Background Checks set forth in the Milwaukee County Department of Health and Human Services Year 2010 Purchase of Service Guidelines - Technical Requirements. Refer to Governing Rules #20, 51.

Agreements cannot be executed unless the Certification Statement of the Resolution Regarding Background Checks (p. 43) is submitted with this application and on file with the DHHS.

Keep Current Information

It is the Provider's responsibility to keep all information current and up-to-date. Failure to submit timely and current insurance, licenses, and certifications will result in a suspension to participate in the Behavioral Health Division, Community Services Branch contract programs.

SECTION 2

AGENCY AUDIT, BUDGET, and FISCAL ITEMS

13. Taxation Status (New Applicants Only)

State whether your agency is for profit or not-for-profit. For not-for-profit agencies, indicate federal/state tax status. If tax exempt, include copies of federal/state documentation such as a copy of the letter granting exempt status. For proprietary agencies, allowable profit is determined by applying a percentage equal to 7 1/2% of net allowable operating costs plus 15% applied to the net equity, the sum of which may not exceed 10% of net allowable operating costs (Refer to Governing Rules 30.A(1)f, 60).

14. Certified Audit Report/Board Approved Financial Statement. – Refer to Governing Rules #30, p. 61.

15. Accounting Policies and Procedures Manual (New Applicants Only)

Submit a copy of the agency's accounting policies and procedures manual. The manual must comply with the State Department of Health and Family Services (DHFS) accounting principles and allowable cost policies, which may be obtained from Contract Administration, Phone: 289-5980. The DHFS accounting principles and allowable cost policies cannot be submitted in lieu of the agency's own manual.

SECTION 3

PROGRAM DESIGN

16. Program Organizational Chart

Provide an organizational chart that shows in detail, position titles and reporting relationships with regard to the proposed Recovery Support Coordination and Case Management services.

17. Program Description

A. Experience and Qualifications of the Organization (5-page limit)

- 1) Explain how the delivery of Recovery Support Coordination and Case Management services relates to the mission and goals of your organization.
- 2) Describe your organization's prior experience and capabilities in providing Recovery Support Coordination, Case Management or similar services to a diverse population. What other programs/services does your organization offer?
- 3) Wiser Choice provides services to both the general population and criminal justice clients. All applicants are expected to have the capacity to serve both populations. Describe the strengths, problems, and needs of individuals in the above-noted populations. Describe your organization's experience in providing services to both populations.
- 4) Wiser Choice provides services to both individual adults and families with children. All applicants are expected to have the capacity to serve both populations. Describe the strengths, problems, and needs unique to families and children as well as the adult individuals that you propose to serve and how you would address them. Specify your experience in providing services to families and children.
- 5) What do you do to collaborate and network with other providers of substance abuse and recovery support services? Describe your experience in working with other systems (e.g., child welfare, criminal justice, W-2, mental health, etc.) with whom substance abuse clients and their families are involved.
- 6) Describe your experience/ability in identifying and accessing no/low cost services for clients.
- 7) Describe your organizational capacity to track and report service delivery and fiscal data.
- 8) Authorizations, billing, assessment/care plans, outcome data collection and other business processes are transacted electronically. Describe the extent of your information technology (IT) capacity (current and/or planned), including internet access, to participate in such transactions. Note: BHD will provide technical assistance (TA) to agencies to help them develop a plan to address their IT needs related to the provision of Recovery Support Coordination and Case Management services.

B. Service Delivery Plan (4-page Limit)

Describe how Recovery Support Coordination and Case Management services will be provided.

Address specifically:

1. How will you assure that a new client is contacted within 24 hours subsequent to your agency receiving notice from the Central Intake Unit? In cases of emergent or urgent need, how will you assure immediate 24-hour, 7-day-a-week availability of a Recovery Support Coordinator/Case Manager?
2. How will you go about assembling a Recovery Support Team for clients at an RSC level of service? How would you identify team members and how would you go about engaging them? Describe how you would orient team members prior to and during the first meeting.
3. Given the participation of multiple parties on the Recovery Support Team, what issues related to client confidentiality do you anticipate might arise and what steps will you take to assure the rights of the client?
4. How will you support the development of the SCCP for each client and assure that compliance is occurring with BHD policies? What will you do if you discover deviation from or non-compliance with the SCCP policies?
5. How will client choice be integrated into the identification of service needs, development of the service plan, and selection of providers?
6. What is your plan for identifying and accessing no/low cost services for your clients? How will you assist clients in identifying Wiser Choice Recovery Support Services that may be appropriate?
7. How will you address the faith and spiritual needs of your clientele? Discuss your agency experience interfacing with Faith-Based Organizations.
8. Explain how your agency will address client crises, including your plan to provide 24 hour-per-day, seven-day-per-week crisis response access.
9. Describe your approach for working with the criminal justice population, insofar as it differs from your approach to working with the general population.
10. Describe your approach for working with families with children, taking into account the needs unique to families and children.

C. Implementation Plan (2 page limit)

Provide a plan, with timeline, that documents your agency's readiness to provide services beginning May 1, 2010.

18. Staffing Plan (2 page limit)

- A. Describe the qualifications of the staff that will supervise and provide the Recovery Support Coordination and Case Management services in terms of experience, training, and educational credentials.
- B. Describe your agency's plan for initial and ongoing training for Recovery Support Coordinators and Case Managers. Give specifics, to the extent possible, of training schedule and content.
- C. Continuity of care for clients is a major priority. Outline your agency's strategies for staff retention as well as any data relating to the agency's history of staff retention.
- D. Describe your agency's plan to regularly staff cases and provide individual staff supervision.

19. Program Accessibility (2 page limit)

Provide a detailed description of each of the following items:

- (1) Accessibility of the program to persons who are physically disabled, including building accommodations such as ramps, doorways, elevators, and toilet facilities, and if staff is available for persons needing assistance. If the program is not accessible, explain where the client would be referred or how disabled clients are deaf/hard of hearing. List the name, position title, and level of training of staff who assist in sign language interpreting. If no staff is available, explain where

interpreter services would be obtained. Describe the training opportunities available to existing staff to develop sign language skills.

- (3) Accessibility of the program for persons who are blind including Braille signage present in the facility, or staff available for assistance in acquainting clients to the facility.
- (4) Accessibility for limited or non-English speaking persons. List the name, position title, and language for staff who speak other languages besides English. If no agency staff is available, explain how interpreter services would be obtained or where the client would be referred.
- (5) Transportation availability to the facility including public, agency provided, or other transportation.
- (6) Differences in accessibility by program site.

20. Outcome Data Collection (3 page limit)

Recovery Support Coordinators and Case Managers are required to complete the required outcome data collection instruments for each client at intake when needed (i.e. for particular sub-groups for which the CIU does not perform this function), again at 6 months post-intake if the client is still in service, and within 2 weeks of discharge from all clinical services. These instruments capture the Government Performance and Results Act (GPRA) data required by SAMHSA as well as information required by the State of Wisconsin Division of Mental health and Substance Abuse Services (DMHSAS). Timely, accurate and complete data collection is of critical importance to the federal and state agencies that fund County AODA services and directly impacts the County's ability to retain funding.

- A. Describe your agency's experience and success rates in collecting outcome and other client data.
- B. Discuss your system for assuring that data is collected accurately and completely, and submitted in a timely manner to BHD.
- C. Describe creative strategies your agency will employ to promote compliance with outcome data collection amongst your client base.
- D. Recovery Support Coordination/Case Management agencies are required to attempt to collect discharge data, even for clients who leave the agency via an unplanned discharge. Describe what processes you would use to maximize your response rate for all clients, including those who leave without notice.
- E. Recovery Support Coordinators are in the position of requesting needed services for their clients. Discuss how this role could potentially impede the garnering of truthful responses from clients when collecting outcome data. Discuss how Recovery Support Coordinators and Case Managers will be trained so that the chances of this occurring will be minimized.

21. Evaluation Plan (1 page limit)

- A. Explain the process for conducting employee evaluations. Give an example of how the results from evaluations have been used to improve employee hiring, training, and retention practices at the agency.
- B. Client/community evaluation and feedback
Describe how clients and community members are integrated into the process of evaluating the program, e.g. through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments that have been used to collect feedback from clients or the community. Give a specific example of how the results of this feedback have been used.
- C. Other
Describe any other performance or quality improvement activities in which the program engages.

22. Cultural Diversity and Cultural Competence (4 page limit)

Describe the actions that the agency/program takes to integrate the County's commitment to the goal of cultural diversity and cultural competence, as defined below, into policy development, program planning, and service delivery. Be specific (For example, does the program employ persons with mental illness or alcohol/drug abuse histories? Are committees and the Board of Directors culturally diverse?

Does the agency provide in-services or other training opportunities in order to promote cultural competence?).

Cultural Diversity - The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency, or other group is comprised of people from a variety of different backgrounds related to behaviors, attitudes, practices, beliefs, disability groups, and racial and ethnic identity.

Cultural Competence - A set of congruent behaviors, attitudes, practices and policies that are formed within a system, within an agency, and among professionals that enable the system, agency, and professionals to work respectfully, effectively, and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

Address the following:

1. Describe your agency's experience in and understanding of working with persons from different cultures. What approaches will you use to successfully engage persons from diverse cultures in Recovery Support Coordination/Case Management? Your response should address the core values listed on pages 4-5 of this application.
2. Describe your agency's experience in and methods of delivering gender-responsive services.
3. What is your plan for addressing spiritual needs of the individual?

23. Client Characteristics Chart

Complete and submit the Client Characteristics Chart on page 44. Specify the number and percent of clients your agency served in 2009 in each category within the age, sex, ethnic background, and other sections of the chart.

SECTION 4

CIVIL RIGHTS COMPLIANCE PLAN

24. Civil Rights Compliance Plan

Consistent with the U.S. Department of Health and Human Services and the State of Wisconsin Department of Workforce Development and the Department of Health and Family Services, all contract recipients **are required** to submit a Civil Rights Compliance Plan (CRCP) or Letter of Assurance (LOA) within 120 days of effective date of contract. This is **mandatory** for all agencies that meet the criteria listed below. If Contractor has submitted the CRCP to the State, the State letter indicating approval of the Plan shall be accepted by Milwaukee County in lieu of the CRCP.

Entire Civil Rights Compliance Plan

- Agency has **25 employees AND**
- Agency has **\$25,000 of combined revenues from the State and/or a County.**

Affirmative Action Plan	Exemption from Submitting Affirmative Action Plan (DOA 3024)	Equal Opportunity Policy	LEP Policy Statement	Discrimination Compliant Forms & Process	DOA Forms (Only if contracting directly with the State)
✓	✓ Applicable if agency has achieved balanced workforce, or has undergone an audit of its Affirmative Action Program within the last year. (Follow additional documentation guidelines set forth in DOA 3024.)	✓	✓	✓	✓ DOA Forms 3067 – Notice to Vendor Filing Information 3023 – Vendor's Sub-contractor's List

Letter of Assurance (must conform with format on State website listed below)

- Agency has **less than 25 employees OR**
- Agency does not have **\$25,000 of combined revenues from the State and/or a County.**

Letter of Assurance	CRCP Cover Title Page	Request for Exemption from Submitting Affirmative Action Plan (DOA 3024)
✓	✓	✓

Completion forms, instructions, sample policies and plans are posted on the State website at:

http://dcf.wisconsin.gov/civil_rights/default.htm

Submit to:

Rochelle Landingham
Contract Services Coordinator
Behavioral Health Division
9201 W. Watertown Plank Rd.
Wauwatosa, WI. 53226

C. PROPOSAL REVIEW PROCESS

Overview of the Request for Proposal Process

The Department of Health and Human Services' Request for Proposal (RFP) process begins with the preparation of the *Purchase of Service Guidelines: Program Requirements and Technical Requirements*; the mailing of an 'Interested Parties' letter to all current contractors and interested parties on the Department of Health and Human Services (DHHS) mailing list maintained by Contract Administration; and, the publication of media announcements in community newspapers.

Following the proposal review process outlined in the *Technical Requirements*, contract award recommendations are presented for approval to the County Board Committee on Health and Human Needs. The County Board of Supervisors may modify or reject the funding recommendations, and the County Executive may veto, in part or in whole, the County Board's action.

Proposal Review Panel Selection and Representation

Proposal Review Panel Selection

Proposals to provide services under a purchase contract for the Department of Health and Human Services shall be evaluated by panel members with familiarity and/or experience in the field of social/human services. Panel members may not have any familial, official, board member, fiduciary or contractual relationships with Milwaukee County; or, hold any ownership or employment interests in the agency or its subsidiaries being evaluated. On the discretion of DHHS division administrators, respective program, quality assurance and contract administration staff will serve on review panels, as appropriate. Staff will not comprise the majority of panel members. Outside panel members will be selected from various sources including the following:

- community volunteers and representatives;
- representatives of professional and educational organizations; and
- representatives of community councils and advocacy organizations.

Recommendations of persons to serve on proposal review panels are welcome from appropriate governmental entities, i.e., Disadvantaged Business Development Department, etc.

Proposal Review Panel Representation

- minority and culturally diverse representation;
- client/service recipient representation or their guardians, if applicable.

The primary role of Department of Health and Human Services program division staff shall be to serve in a consulting capacity to panel members. Respective division staff shall convene the panel at a specific time and place to discuss the review process in a group setting, and, following the review, to finalize the proposal ratings prior to averaging the scores. Staff, as consultants, shall provide responses to program and procedural information including:

- past performance of an agency;
- agency's problem solving and responsiveness to issues;
- program knowledge;
- program needs; and
- program outcomes and performance reviews.

Representatives participating on a review panel will score each proposal independently on a preliminary basis, with the final proposal analysis reporting an average score of the proposal as determined in the group discussion of the panel.

1. Panel representation for **more than one proposal** submitted to provide the same program or service for the DHHS will be a **minimum of three members**. The panel shall be comprised of as broad a base of community, minority and culturally diverse, client/service recipient representation as possible. Based on the discretion of division administrative staff, or on program factors, number of proposals submitted, and minority and culturally diverse representation, etc., panels may be comprised of more than three members including one program or quality assurance staff, and one contract administration staff. Staff will not comprise the majority of panel members.
2. Panel representation when **only one proposal** is submitted per contract to provide a particular program or service will be no more than two members comprised of as broad a base of community, minority and culturally diverse, client/service recipient representation as possible. The panel for only one proposal submitted to provide a program or service may be comprised of one community representative.

Initial Screening

Upon receipt of the applications, the Behavioral Health Division (BHD) staff will do an initial screening to determine if all application items have been addressed in the required format. Applications are expected to be complete by the filing deadline. **If substantial omissions are made (as determined by BHD), the application will receive no further consideration.** If minor omissions are made, funding decisions will be made on the information submitted. After the initial screening is completed, in-depth reviews will begin.

Review Criteria

Proposals that pass the initial screening will receive an in-depth review by a team including clients, community representatives, and Management Services Division and Behavioral Health Division staff. The proposal will be scored using criteria outlined on p. 30.

Recommendations for Selection of Applicants

The review team will provide a listing of agency scores and comments on the applications to the Director of the Community Services Branch. Using this information, he will make recommendations to the Administrator of the Behavioral Health Division. Applicants may not be recommended for selection due to:

- a. Relative low rating compared to other applicants;
- b. Inadequate application data;
- c. Inconsistent service definitions/requirements, or not specific to defined target population;

- d. Inability to demonstrate sufficient experience (either length of time or rate of success) in providing services;
- e. Failure to demonstrate the administrative/fiscal capacity to operate the program;
- f. Lack of cost effectiveness;
- g. Insufficient BHD funds; and
- h. Lack of demonstrated efforts on the part of an agency to reflect cultural diversity and cultural competence.

Prior to the execution of contracts, programs will be required to make the final submission of information as described under the Application Contents section of these Technical Requirements.

NOTE: The Behavioral Health Division reserves the right to require applicants to submit additional information and documentation not identified in this Request for Proposals.

D. PROPOSAL REVIEW CRITERIA

Proposals that pass the initial screening will receive an in-depth review by a team including clients, community representatives, and Management Services Division and Behavioral Health Division staff. The proposal will be scored using the following criteria:

1. Administrative Ability - 5 points

The applicant demonstrates evidence of administrative capacity to meet federal, state, and county requirements. The organizational structure evidences clear reporting relationships and accountabilities for program operation and management. The applicant demonstrates an ability to provide timely and accurate client and financial reports. Applicant demonstrates an ability to be responsive to crisis situations, including, but not limited to, variations in client referral volume and serving exceptional cases.

In scoring proposals, for agencies currently under contract with DHHS, reviewers will consider the on time and accuracy rate of Applicants' in prior year's required submissions. In scoring proposals for Administrative Ability, reviewers will consider the accuracy and completeness of the proposal. Inaccurate or incomplete proposals will receive reduced scores.

In scoring Administrative Ability, reviewers will consider the size, structure, experience, and independence of the board of directors and officers.

The Applicant shall describe its history, if any, as well as proposed strategy for handling crisis situations, using specific examples. For full points, Applicant must have an existing system in place that addresses crisis situations. For Applicants' without previous experience handling crisis situations, proposal will be scored based on the quality of proposed strategy. Examples of strategies to respond to crisis situations can include, but are not limited to: referral networks, flexible staffing arrangements-such as contingency workers, on-call staff, or "pool" workers, and other strategies to expand or reduce physical or staff capacity.

Administrative Ability will also be scored based on reviewers' prior experience, if applicable, with Applicant relating to these criteria.

2. Experience and Qualifications of the Organization - 20 points.

The application clearly identifies which target population the applicant proposes to serve. The applicant's experience demonstrates the ability to provide Recovery Support Coordination and Case Management services to the proposed target group. The applicant demonstrates an understanding of the strengths, needs and problems of individuals within the target population they propose to serve. The application describes the strengths, problems, and needs unique to families and children. The applicant's experience demonstrates the ability to provide services to families and children. The applicant demonstrates experience in collaborating with other service providers and other systems (e.g., child welfare, criminal justice, W-2, mental health, etc.). For applicants without prior Milwaukee County experience, information may be gathered from references provided by the applicant. Documented non-performance under previous contracts will be taken into consideration.

Past Service Experience with similar contracts. Similarity to be measured by looking at specific, detailed examples of **successful** current or recent contracts in terms of: 1) program volume, 2) target population, 3) dollar amount of contract, and 4) service mix. For full points, Applicant currently successfully operates a program that meets or exceeds these four criteria. In evaluating “success” reviewers will consider the content of evaluation and other program reports, as well as Quality Assurance findings and corrective action plans, as applicable.

Previous Experience will also be scored based on reviewers’ prior experience, if applicable, with applicant relating to these criteria.

3. Service Delivery Plan - 20 points

The service delivery system is consistent with that described by the Behavioral Health Division Vision and Mission Statement and the AODA delivery system's core values. The service delivery process is clearly explained. A clear and appropriate approach is documented for working with the proposed target population. Applicants describe an effective approach to serve families with children. The process for providing timely access (routine and crisis) of the service to clients is clearly explained. The application clearly describes the process of developing and managing a Recovery Support Team and Single Coordinated Care Plan (SCCP). Issues related to client confidentiality are identified and appropriately addressed. The application makes clear how client choice of services and provider will be honored. The applicant proposes workable strategies for accessing no/low cost services. Appropriate grievance procedures are in place. The program sites are accessible to persons with disabilities and limited English speaking abilities. The programs have incorporated principles of recovery-based treatment.

4. Outcome Data Collection - 20 points

The applicant's experience demonstrates the ability of the applicant to perform the required data collection responsibilities. The application documents a workable plan to assure that data is collected accurately and completely, and submitted in a timely manner to BHD. The applicant proposes a viable process for maximizing the response rate for all clients, including those who leave the program without notice. A thoughtful discussion is presented regarding how the Recovery Support Coordinator's role in accessing services could potentially compromise the ability to gather truthful responses from the client in the data collection process. The applicant should propose a sensible approach for addressing this issue. For applicants with a current or recent County contract, scoring will be based on compliance with submission deadline, required content and overall findings of program evaluation reports.

Outcomes and Quality Assurance will also be scored based on reviewers’ prior experience with applicant, if applicable relating to these criteria.

5. Staffing Plan - 5 points

The agency demonstrates an ability to provide effective staffing and agency oversight, including board review and direct service staff supervision. Staffing levels are adequate. Staff meets required qualifications. An adequate plan for initial and ongoing training of recovery support coordinators and case managers is presented. The agency presents data evidencing a positive history of staff retention, and an effective plan for maximizing retention. Staff are licensed and certified as appropriate, or meet other required qualifications. Direct service staff is appropriately experienced. Applicant's turnover rate of direct service staff and training for direct service staff will be compared and ranked against the other Applicant's proposals. Compensation of lowest paid staff will be compared and ranked against the other Applicant's proposals.

Applicant must include average years of experience and turnover rate for direct service staff. For new agencies without a prior contracting history of any kind, must indicate the required years of experience for direct service staff proposed for the program. Applicant must indicate what type of training is available to staff, including in-service training, tuition reimbursement (if applicable) benefits and utilization, and other training activities such as conference attendance, etc. For full points, Applicants must indicate the specific type and quantity of training available and utilized by direct service staff during the previous year, and the type and quantity is appropriate.

Staffing Plan will also be scored based on reviewers' prior experience, if applicable, with Applicant relating to these criteria.

6. Implementation Plan - 10 points.

The applicant has an adequate and appropriate time frame and action plan for implementation that evidences the agency's readiness to provide services beginning May 1, 2010.

7. Cultural Diversity and Cultural Competence - 20 points

The program takes actions that show its commitment to the goals of cultural diversity and cultural competence in the workplace, including diversity in staffing practices and Board/committee composition as well as serving a culturally diverse population in a culturally competent manner.

In evaluating Cultural Diversity in proposals, reviewers will consider the representation of racial and cultural minorities in board and staff relative to the representation of racial and cultural minorities in the projected target population equal to the ratio of racial and cultural minorities in the projected target population. If applicant receives less than full points for this item, one point will be added to the score if the applicant can demonstrate proof of specific action(s) taken within the previous year geared toward increasing board or staff diversity. The action(s) taken must be supported with documentation.

In evaluating Cultural Competence in proposals, reviewers will consider the applicants proposed methods for developing and maintaining Cultural Competence as well as the applicants' history of performance in this area. Applicant must provide specific examples of existing and/or proposed policies, procedures, and other practices, if any, which promote Cultural Competence. For full points, applicants' will have a history of promoting Cultural Competence. Examples of acceptable policies, procedures, and practices can include, but are

not limited to: providing in service or other training, or involvement of consumers in policy-making, planning, service delivery, and/or evaluation.

Cultural Diversity and Cultural Competence will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria

TOTAL POSSIBLE SCORE: 100 POINTS

Note: Though Section 4, Civil Rights Compliance Plan is not scored, submission of the agency's plan is required as part of the application.

PART III:

APPLICATION

FORMS

YEAR 2010 APPLICATION SUMMARY SHEET**Form A**

Agency _____ Agency Director _____
(Name & Title)

Address _____ Contact Person _____
(Street) (Name) (Telephone Number)

_____ Federal ID Number _____
(City) (State) (Zip Code)

Agency Fiscal Period _____
(Mo./Day/Year – Mo./Day/Year)

AGENCY TYPE

☐ Individual Provider ☐ Partnership ☐ Corporation ☐ Service Corporation ☐ Profit ☐ Non-Profit

Faith Based Organization: ☐ Yes ☐ No If “Yes,” check the following definition of a faith-based organization that best fits your organization:

- ☐ a religious congregation (church, mosque, synagogue, or temple); or
- ☐ an organization, program, or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated); or
- ☐ a nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation, or mission statement that it is a religiously motivated institution; or
- ☐ a collaboration of organizations that clearly and explicitly includes organizations from the previously described categories

Denominational Affiliation (faith-based organizations only): _____

PROPOSED TARGET POPULATION

Check One: ☐ General Population ☐ Criminal Justice ☐ Both General Population and Criminal Justice

Check One: ☐ Individual Adults ☐ Families with Children ☐ Both Individual Adults and Families with Children

Check One: ☐ Men ☐ Women ☐ Both Men and Women

PROGRAM/FACILITY ACCESSIBILITY

Handicapped Parking ☐ Yes ☐ No

DD/TTY ☐ Yes ☐ No (If yes, give number: _____)

Facility Wheelchair Accessible ☐ Yes ☐ No

Describe Language Accessibility: (Non-English, American sign language, etc): _____

MINORITY OR DISADVANTAGED VENDOR☐ Yes ☐ No

(Check all that apply)

Minority Vendor

- ☐ At least 51% of the Board Directors are minorities
- ☐ Organization is owned and operated by at least 51% minorities

Disadvantaged Vendor

- ☐ At least 51% of the Board of Directors are women
- ☐ Organization is owned and operated by at least 51% women

THIS SHEET MUST BE ATTACHED TO THE TOP OF THE APPLICATION PACKAGE

Form B

SAMPLE COVER LETTER

Date

Mr. John Chianelli, Administrator
Milwaukee County Department of Health and Human Services
Behavioral Health Division
9455 Watertown Plank Road
Milwaukee, WI 53226

SALUTATION:

I am familiar with the *"2010 Purchase of Service Guidelines: Program and Technical Requirements"* set forth by the Milwaukee County Department of Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

Sincerely,

Authorized Signature and Title

Name of Agency

YEAR 2010 AUTHORIZATION TO FILE RESOLUTION

This is to certify that at the _____ meeting of the Board of
(Date)
Directors of _____ the following resolution (Agency
Name)
was introduced by _____, and seconded by
(Board Member's Name)
_____, and unanimously approved by the Board:
(Board Member's Name)

BE IT RESOLVED, that the Board of Directors of _____
(Agency Name)

hereby authorizes the filing of an application for the Year 2010 Milwaukee County
Department of Human Services (DHHS) funding. In connection therewith,

_____ and _____ is (are)
(Name and Title) (Optional Name(s) and Title)

authorized to negotiate with Milwaukee County DHHS staff.

In accordance with the Bylaws (Article _____, Section _____) of

_____, _____
(Agency Name) (Name and Title)

and _____ is (are) authorized to (Optional
Name(s) and Title)

sign the Year 2010 Purchase of Service Contract.

Dated: _____
(Signature)
Secretary of the Board of Directors

**YEAR 2010 BOARD OF DIRECTORS/AGENCY OWNERS
DEMOGRAPHY SUMMARY**

Agency _____ Date Submitted: _____

(a)	(b)	(c)	(d)
Ethnicity	Female	Male	Total
Asian or Pacific Islander			
Black			
Hispanic			
American Indian or Alaskan Native			
White			
Totals			

As applicable, footnote in parenthesis (), by ethnic category in either Column (b) or (c), the number of Board members/owners who may be defined as a "handicapped individual":

A "handicapped individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. Caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
2. Has a record of such impairment, or;
3. Is regarded as having such impairment.

Ethnicity is defined as:

1. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and-Samoa.
2. Black: All persons having origins in any of the Black racial groups of Africa.
3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries).
4. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
5. White: All persons who are not Asian or Pacific Islander, Black, Hispanic, American Indian or Alaskan Native.

YEAR 2010 DISCLOSURE FORM

_____ is aware of the
(Agency Name)

Disclosure requirements listed under Governing Rules Number 16 of the *Year 2005 Purchase of Service Guidelines* published by the Milwaukee County Department of Health and Human Services: Behavioral Health Division, Community Services Branch, and assures that no conflict of interest exists.

(Authorized Signature)

(Date)

**YEAR 2010 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE
FOR MILWAUKEE COUNTY CONTRACTS**

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify). (Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

Non-Discrimination

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

Affirmative Action Program

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the aforestated requirements, it shall be his responsibility to show that he has met all such requirements.

Non-Segregated Facilities

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

Subcontractors

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and nonsegregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

Reporting Requirement

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

Affirmative Action Plan

VENDOR certifies that, if it has 10 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Amos Owens, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

If a current plan has been filed., indicate where filed _____ and the year covered.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

Employees

VENDOR certifies that it has (No. of Employees) ___employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) _____employees in total.

Compliance

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this ____ day of _____, 20____ by: Firm Name _____

By: _____ Address _____
(Signature)

(Title) _____ City/State/Zip _____

YEAR 2010 EQUAL OPPORTUNITY POLICY

_____ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

_____ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

SERVICE DELIVERY - CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics.

_____ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of _____ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery _____

_____ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery should be discussed with

Ms./Mr. _____, Ms./Mr. _____ may be reached during week days at _____

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

(Director or Chief Officer)

(Title)

(Date)

This Policy Statement must be posted in a conspicuous location.

MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Certification Regarding Debarment and Suspension

Please sign the certification statement below that your agency and its principals are not debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities. **Please include the signed and dated statement with the initial submission of your proposal.**

CERTIFICATION STATEMENT
DEBARMENT AND SUSPENSION

The contractor certifies to the best of its knowledge and belief, that it and its principals: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this contract had one or more public transactions public (Federal, State or local) terminated for cause or default.

Authorized Signature and Title

Date

Name of Agency

MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES (DHHS)

**Certification Statement - Resolution Regarding Background Checks on
Employees of DHHS Contract Agencies and Agencies/Organizations having
Reimbursable Agreements Providing Direct Services to Children and Youth**

CERTIFICATION STATEMENT
RESOLUTION REGARDING BACKGROUND CHECKS

This is to certify that _____ has:
(Name of Agency/Organization)

- 1) received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"
- 2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,
- 3) is in compliance with the provisions of the Resolution requiring background checks.

(Authorized Signature of Person Completing Form)

(Date)

(Title)

Contract Administration/nm Rev 5/00

CLIENT CHARACTERISTICS CHART

Item # 23

Agency Name _____

Program Name _____

Facility Name & Address _____

1. Unduplicated Count of Clients Served in 2004:

2. Age Group:

	Number	Percent (%)
a. 0 – 2		
b. 3 – 11		
c. 12 – 17		
d. 18 – 20		
e. 21 – 35		
f. 36 – 60		
g. 61 & over		
TOTAL		

3. Sex:

	Number	Percent (%)
a. Female		
b. Male		
TOTAL		

4. Ethnicity *:

	Number	Percent (%)
a. Asian or Pacific Islander		
b. Black		
c. Hispanic		
d. American Indian or Alaskan Native		
e. White		
TOTAL		

5. Other:

	Number	Percent (%)
a. Handicapped individuals*		
b. Not applicable		
TOTAL		

*The definitions for “Ethnicity” and “Handicapped Individual” can be found on the next page.

Date Submitted: _____

CLIENT CHARACTERISTICS CHART DEFINITIONS

ETHNICITY DEFINITIONS

1. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
2. **Black:** All persons having origins in any of the Black racial groups in Africa.
3. **Hispanic:** All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain and other European countries.)
4. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and those persons who maintain cultural identification through tribal affiliation or community recognition.
5. **White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

HANDICAPPED DEFINITIONS

A handicapped individual is defined pursuant to Section 504 of the Rehabilitation Act of 1973.

1. Any person who has a physical or mental impairment, which substantially limits one or more major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Any person who has a record of such impairment; or,
3. Any person who is regarded as having such impairment.

PART IV:

GOVERNING

RULES

GOVERNING RULES

(This section contains Milwaukee County's Governing Rules for ALL service agreements.)

1. Denial of Services

No eligible client or patient shall be unlawfully denied services or subjected to discrimination because of age, race, religion, color, national origin, sex, sexual orientation, location, handicap, physical condition, or developmental disability as defined in S. 51.01(5) Wis. Stats.

2. Service Standards For Substance Abuse and Mental Health Services

A HFS 75 Community Substance Abuse Service Standards

The Wisconsin State Department of Health and Family Service's (HFS) current rules for certification of community alcohol and drug abuse prevention and treatment programs were revised and placed in a new ch. HFS 75, which is specifically for community substance abuse services. The update incorporates current treatment concepts, eliminates rule parts which are no longer relevant for treatment providers, requires use of uniform placement criteria, and expands standards for treatment of addiction with methadone or another U.S. Food and Drug Administration (FDA) approved narcotic.

The revised rules incorporate Wisconsin's new Uniform Placement Criteria (WI-UPC), but permit use, alternatively, of patient placement criteria developed by the American Society of Addiction Medicine (ASAM) or any similar patient placement criteria that the Department may approve. These criteria provide a uniform way of determining an initial recommendation for initial placement, continued stay, level of care transfer and discharge of a substance abuse patient.

Each service that receives funds under Ch. 51, Stats., is approved by the State Methadone Authority, is funded through the Department's Bureau Of Substance Abuse Services, or receives other substance abuse prevention and treatment funding or other funding specifically designated to be used for providing services described under ss. HFS 75.04 to 75.15, shall be certified by the Department under this chapter.

B HFS 63 Community Support Programs for Chronically Mentally Ill Persons

The programs are for the chronically mentally ill persons living in the community. The purpose of a community support program is to provide effective and easily accessible treatment, rehabilitation and support services in the community where persons with chronic mental illness live and work.

This chapter applies to any county establishing a community support program under s. 51.421, Stats., which wishes to receive reimbursement under the Wisconsin medical assistance program for community support program services, if medical assistance reimbursement is available for those services.

C HFS 105 Provider Certification

This chapter identifies the terms and conditions under which providers of health care services are certified for participation in the medical assistance program.

3. HFS 1 Uniform Fee

Standardizes on a statewide basis the determination of liability and ability to pay and otherwise regulate billing and collection activities for care and services provided or purchased by the department, a county department of social services or a county department established under s. 46.23, 51.42 or 51.437, Stats.

4. HFS 12 Caregiver Background Checks

Chapter HFS 12 directs the service to perform background information checks on applicants for employment and persons with whom the service contracts and who have direct, regular contact with patients and, periodically, on existing employees, and not hire or retain persons who because of specified past actions are prohibited from working with patients.

5. HFS 13 Reporting and Investigation Of Caregiver Misconduct

Chapter HFS 13 directs the service to report to the department all allegations that come to the attention of the service that a staff member or contracted employee has misappropriated property of a patient or has abused or neglected a patient

6. HFS 62 Assessment Of Drivers With Alcohol Or Controlled Substance Problems

This chapter establishes standards for the way assessments are done and driver safety plans are developed for and completed by motor vehicle drivers who are ordered by courts or the state department of transportation to be examined for their use of alcohol or controlled substances, to have an individualized driver safety plan developed based on that examination, and to carry out the driver safety plan. Conflict of interest guidelines for facilities, which do assessment and driver safety planning, are included in this chapter.

7. HFS 92 Confidentiality Of Treatment Records

This chapter applies to all records of persons who are receiving treatment or who at any time received treatment for mental illness, developmental disabilities, alcohol abuse or drug abuse from the department, a board established under s. 46.23, 51.42 or 51.437, Stats., or treatment facilities and persons providing services under contract with the department, a board or a treatment facility whether the services are provided through a board or not. Private practitioners practicing individually who are not providing services to boards are not deemed to be treatment facilities and this chapter does not govern their records.

8. HFS 94 Patient Rights And Resolution Of Patient Grievances

This chapter is to implement the rights of patients receiving treatment for mental illness, a developmental disability, alcohol abuse or dependency or other drug abuse or dependency.

9. HFS 83 Community Based Residential Facilities

Homes and facilities providing residential care, supervision, treatment and services to 5 or more adults are required to be licensed as community-based residential facilities (CBRF). No CBRF may operate without being licensed each year by the Department of Health and Family Services.

10. Living Wage Resolution

The Milwaukee County Board adopted the Living Wage Resolution in April 1997. The Resolution states that a minimum wage of \$7.73 or higher per hour is a required rate of pay to all full-time skilled and unskilled workers employed in any work performed as part of a DHHS Purchase of Service Contract.

11. Prompt Payment Law

Section 66.0135, Wisconsin Statutes, Prompt Payment Law, does not apply to payment for services provided through the AODA Bureau Voucher System.

12. Cultural Diversity and Cultural Competence

The Department of Health and Human Services (DHHS) is committed to the goal of cultural diversity and cultural competence in the workplace. Consistent with Federal and State Civil Rights Compliance laws and the State Department of Health and Family Services (DHFS) policies and regulations, DHHS considers the composition of ethnic/racial and gender makeup a high priority as it relates to board membership and staff positions of agencies and organizations receiving contract awards for the provision of human services.

Board members and staff must be able to serve a culturally diverse population in a manner that reflects culturally competent decision-making and service delivery.

Definitions

Cultural Diversity - the presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency or other group is comprised of people from a variety of differing backgrounds related to behaviors, attitudes, practices, beliefs, values, and racial and ethnic identity.

Cultural Competence - A set of congruent behaviors, attitudes, practices and policies that are formed within a system, within an agency, and among professionals that enable the system, agency and professionals to work respectfully, effectively and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

It is the intent of the BHD to give strong consideration to employment diversity in the application review process. Thus, information submitted on the form 2, 2A and 2B, will be given careful review in the process of making decisions for contract awards.

13. Indemnity/Insurance

The Applicant agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the Milwaukee County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

The Applicant shall indemnify and save Milwaukee County harmless from any award of damages and costs against Milwaukee County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this Agreement.

Provider agrees not to unlawfully discriminate against any employee or applicant for employment because of age, race, religion, color, national origin, sex, sexual orientation, handicap, physical condition, or developmental disability as defined in s. 51.01(5) Wisconsin Statutes.

Direct Service Provider agrees to comply with the provisions of section 56.17 County General Ordinances which is attached hereto by reference and incorporated herein as though fully set forth herein. (Referenced section of County General Ordinances is available at <http://www.milwaukeecounty.org>.)

14. Provision For Data And Information Systems Compliance

Applicant shall either utilize computer applications that comply with County standards in maintaining program data related to the Agreement, or bear full responsibility for the cost of converting program data into formats useable by County applications.

15. Insurance Coverage

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, including Employer's Liability and insurance covering General and Automobile Liability coverage in the following minimum amounts.

Type of Coverage

Type Coverage	Minimum Limits
Wisconsin Worker's Compensation or Proof of all States Coverage	Statutory
Employers' Liability United States Longshoreman and Harbor Workers Compensation Act Coverage	\$100,000, \$500,000, \$100,000 If required by law
Commercial General Liability Bodily Injury & Property Damage (Ind. Personal Injury, Fire, Legal Contractual & Products/Completed Operations)	\$1,000,000 Per Occurrence \$1,000,000 General Aggregate
Automobile Liability Bodily Injury & Property Damage All Autos - Owned, Non-Owned and/or Hired Uninsured Motorists	\$1,000,000 Per Accident Per Wisconsin Requirements

Milwaukee County, as its Interests may appear, shall be named as an additional insured for general, automobile, garage keepers legal and environmental impairment liability, and be afforded a thirty-day (30) written notice cancellation or non-renewal. Disclosure must be made of any nonstandard or restrictive additional insured endorsement, and any use of non-standard or restrictive additional insured endorsement will not be acceptable. A certificate indicating the above coverage shall be submitted for review and approval by county for the duration of this agreement.

Coverage shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to COUNTY, if requested, to obtain approval of insurance requirements. Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the COUNTY for approval prior to the commencement of activities under this Agreement.

The agency shall notify the DHHS immediately upon the commencement of any litigation against the agency where there is any possibility Milwaukee County may be made a party thereto. The agency shall notify respective division administrators in writing within five working days of the date informed of any litigation against the agency if there is any possibility that Milwaukee County may be made a party thereto. Notice of litigation must be sent by certified mail to the Milwaukee County post office address of the respective parties. Actual notice of litigation must be given, where possible, when time is of the essence. Further, the agency shall comply with all laws respecting Workers Compensation Insurance.

The agency will at all times indemnify and hold harmless Milwaukee County and the Behavioral Health Division Community Services Branch against any and all liability, claims, losses, damages, costs and expenses which Milwaukee County may sustain, incur, or be required to pay by virtue of the act or omission of the agency.

Agreements cannot be executed unless a certificate of insurance is on file with DHHS.

16. Disclosure

All Agencies must address the disclosure items listed below. An agency which has information to disclose must provide a statement (s) of full disclosure in response to Items (1), (2), a, b, and c.

(1). Milwaukee County Employee

Provide a list of any Milwaukee County employee or former County employee to whom your agency paid a wage, salary, or independent contractor fee during the preceding three-year period. Include payments made during 2002, 2003 and 2004 to any person who was at the time of payment, also employed by Milwaukee County.

(2). Conflict of Interest

Provide a full disclosure of the relationship including the extent of interest and amount of estimated income anticipated from each source for each individual if:

- a. Any owner, board member, employee, or member of the aforementioned immediate family holds interest in firms from which materials or services are purchased by the agency, its subsidiaries, or affiliates.
- b. Any owner, board member, employee, or member of any of the aforementioned immediate family serve on the Board of Directors of subsidiaries and/or affiliates of the agency.
- c. If your agency rents from or contracts with any person who has ownership or employment interests in your agency; serves on the Board of Directors; or is a member of the immediate family of an owner, employee, or board member, provide a copy of lease agreements certified appraisals and contract agreements, etc.

An agency, which has no information to disclose, must complete and sign the Year 2010 Disclosure Form.

17. Equal Employment Opportunity Certificate

All agencies are required to complete and return the Equal Employment Opportunity Certificate.

18. Equal Opportunity Policy

The Equal Opportunity Policy form is to be completed and **posted at the agency**. A copy of the form is to be submitted with your application.

19. Keep Current Information

It is the Provider's responsibility to keep all information current and up-to-date. Failure to submit timely and current insurance, licenses, and certifications will result in a suspension to participate in the Milwaukee County Wiser Choice Program.

20. Background Checks

County and Applicant agree that the protection of clients served under this Agreement is paramount to the intent of this Agreement. Applicant certifies that it will comply with the provisions of HFS 12, Wis. Admin. Code *State of Wisconsin Caregiver Program* (online at <http://www.legis.state.wi.us/rsb/code/index.html>).

The Applicant further certifies that it will comply with the provisions of the Milwaukee County Resolution requiring Background Checks as set forth in the May 2000 adopted modification of the Resolution that separates individuals who committed crimes under the Uniform Controlled Substances Act of Chapter 961 Wisconsin Statutes, from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

Provider shall conduct background checks at its own expense on all employees who provide direct care and services to clients under this Agreement. Provider shall retain in its personnel files all pertinent information to include: 1) a *Background Information Disclosure* (BID) Form (HFS-64); 2) a *Wisconsin Criminal History Records Request* Form (DJ-LE 250 or 250A) to the Department of Justice Crime Information Bureau (CIB) and the response to the request; 3) a Department of Health and Family Services and a Department of Regulation and Licensing *Integrated Background Information System* (IBIS) search and the response to the search; and 4) a search of out-of-state records, tribal court proceedings and military records if indicated.

In addition, Applicant agrees to the following:

1. After the initial background check, Provider is required to conduct a new background search every four (4) years, or at any time within that period when Provider has reason to believe a new check should be obtained.
2. Applicant shall obtain an FBI Criminal Records Check (national fingerprint-based criminal history check) for any prospective direct care provider living in the State of Wisconsin for less than three (3) years.
3. Applicant shall maintain the results of background checks on its own premises for a period of at least four (4) years following the latter of Agreement termination or receipt of audit report. County may audit Provider's personnel files to assure compliance with the *Wisconsin Caregiver Program Manual* (online at <http://www.dhfs.state.wi.us/caregiver/publications/CgvrProgMan.htm>).
4. Applicant shall not assign any individual to conduct work under this Agreement who does not meet the requirement of this law.
5. Applicants who provide direct care and services to clients shall notify the DHHS in writing via certified or registered mail within two (2) business days if an employee/caregiver has been charged with or convicted of any crime specified in HFS 12.07(2) (online at <http://www.legis.state.wi.us/rsb/code/index.html>), and or
6. Applicant who provides direct care and services to children and youth shall notify the DHHS within two (2) business days of the actual arrest of any employee or caregiver charged with any of the offenses referenced in Numbers 6, 7, and 11 of the *Resolution Requiring Background Checks on Department of Health and Human Services Contract Agency Employees Providing Direct Care and Services to Children and Youth*.

CERTIFICATION STATEMENT

RESOLUTION REGARDING CAREGIVER AND CRIMINAL BACKGROUND CHECKS

(Applies to all agencies with employees who meet the definition of "caregiver", per definition below)

Contract agencies and agencies with which the DHHS has reimbursable agreements shall certify, by written statement, that they will comply with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS13, Wis. Admin. Code *State of Wisconsin Caregiver Program* (all are online at <http://www.legis.state.wi.us/rsb/code.htm>). **Agencies under contract shall conduct background checks at their own expense.**

DEFINITION: EMPLOYEES AS CAREGIVERS (Wisconsin Caregiver Program Manual, <http://dhfs.wisconsin.gov/caregiver/pdffiles/Chap2-CaregiverBC.pdf>)

A caregiver is a person who meets all of the following:

- is employed by or under contract with an entity;
- has regular, direct contact with the entity's clients or the personal property of the clients; and
- is under the entity's control.

This includes employees who provide direct care and may also include Housekeeping, maintenance, dietary and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity.

This is to certify that _____

(Name of Agency/Organization)

is in compliance with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS 13, Wis. Admin. Code *State of Wisconsin Caregiver Program*

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____

Contracts cannot be executed unless the Certification Statement of the Resolution Regarding Background Checks is submitted with this application and on file with the DHHS.

RESOLUTION REQUIRING BACKGROUND CHECKS ON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CONTRACT AGENCY EMPLOYEES PROVIDING
DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH

Provisions of the Resolution requiring criminal background checks for current or prospective employees of DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements providing **direct care and services to Milwaukee County children and youth** were initially passed by the County Board in September, 1999.

In May, 2000, the County Board adopted a modification of the resolution that separates individuals who have committed crimes under the Uniform Controlled Substances Act under Chapter 961 Wisconsin Statutes from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

The Resolution shall apply only to those employees who provide direct care and services to Milwaukee County children and youth in the ordinary course of their employment, and is not intended to apply to other agency employees such as clerical, maintenance or custodial staff whose duties do not include direct care and services to children and youth.

1. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements are required to certify, by written statement to the DHHS, that they have a written screening process in place to ensure background checks, extending at least three (3) years back, for criminal and gang activity, for current and prospective employees providing direct care and services to children and youth. The background checks are to be made prior to hiring a prospective employee on all candidates for employment regardless of the person's place of residence.
2. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements are required to certify, by written statement to the DHHS, that they are in compliance with the provisions of the Resolution; that the statement shall be subject to random verification by the DHHS or its designee; and, that the DHHS or its designee shall be provided, on request, at all reasonable times, copies of any or all background checks performed on its employees pursuant to this Resolution.
3. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which do not provide to the DHHS or its designee, copies of any or all background checks, on request, at all reasonable times, pursuant to this Resolution, shall be issued a letter of intent within 10 working days by the DHHS or its designee to file an official 30-day notice of termination of the contract, if appropriate action is not taken by the contract agency towards the production of said documents.
4. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall perform criminal background checks on current employees who provide direct care and services to children and youth by January 31, 2001 and, after 48 months of employment have elapsed, criminal background checks shall be performed every four (4) years within the year thereafter.

RESOLUTION REQUIRING BACKGROUND CHECKS ON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CONTRACT AGENCY EMPLOYEES PROVIDING
DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH

5. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall hire prospective employees after January 31, 2001 conditioned on the provisions stated above for criminal background checks and, after four (4) years within the year thereafter, and for new employees hired after January 31, 2001.
6. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following offenses shall notify the DHHS or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1st and 2nd degree sexual assault; armed robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.
7. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any other offense not listed in Number 6 shall notify the DHHS or its designee immediately. Offenses include but are not limited to: criminal gang member solicitations; simple possession; endangering public safety; robbery; theft; or, two (2) or more misdemeanors involving separate incidences within the last three (3) years.
8. DHHS contract agency employees and employees of agencies/organizations with which the DHHS has reimbursable agreements who provide direct care and services to children and youth, charged with any of the offenses referenced in Number 6 and Number 7, shall notify the DHHS or its designee within two (2) business days of the actual arrest.
9. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction as stated in Number 6, or a conviction that occurred less than three (3) years from the date of employment as stated in Number 7, the DHHS or its designee shall issue a letter of intent within 10 working days to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth.
10. The DHHS or its designee, upon receipt of notification of potentially disqualifying past criminal misconduct or pending criminal charges as stated in Number 6 and Number 7 of this Resolution, shall terminate the contract or other agreement if, after 10 days' notice to the contract agency, the DHHS or its designee has not received written assurance from the agency that the agency has taken appropriate action towards the convicted current or prospective employee consistent with the policy expressed in this Resolution.
11. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any crime under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, and the conviction occurred within the last five (5) years from the date of employment or time of application, shall notify the DHHS or its designee immediately.

RESOLUTION REQUIRING BACKGROUND CHECKS ON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CONTRACT AGENCY EMPLOYEES PROVIDING
DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH

12. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, the DHHS or its designee shall issue a letter of intent, within 10 working days, to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth. **Current or prospective employees of DHHS contract agencies or other reimbursable agreements who have not had a conviction within the last five (5) years under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, shall not be subject to the provisions of this Resolution.**

21. Removal for Cause

DHHS reserves the right to remove a provider for cause from the program at any time.

Any Agreement may be terminated sixty (60) days following written notice by County or Provider for any reason, with or without cause, unless an earlier date is determined by County to be essential to the safety and well-being of the clients and patients covered by the contract with the exception of those facilities which must meet the notification requirements as applicable in Chapter 50 licensing. Failure to maintain in good standing required licenses, permits and/or certifications, may, at the option of the County, result in immediate termination of the contract. Failure to comply with any part of the contract may be considered cause for early termination by the offended party.

In the event of termination, the County will only be liable for State reimbursable services rendered through the date of termination and not for the uncompleted portion, or any materials or services purchased or paid for by Provider for use in completing this Agreement.

Contractor shall notify County, in writing, whenever it is unable to provide the required quality or quantity of services. Upon such notification, County and Contractor shall determine whether such inability to provide the required quality or quantity of services will require a revision or early termination of this Agreement.

Should County reimbursement from State or Federal sources not be obtained or continued at a level sufficient to allow for payment for the quantity of services in this Agreement, the obligations of each party shall be terminated. Reduction in reimbursement or payment from State or Federal sources shall be sufficient basis for County to reduce the amount of payment to Provider notwithstanding that Provider may have provided the services.

County reserves the right to withdraw any qualified recipient from the program, service, institution or facility of the Provider at any time, when in the judgment of County, it is in the best interest of County or the qualified recipient so to do.

22. Inspection Of Premises And County Site Audits

Provider shall allow visual inspection of Provider's premises to County representatives and to representatives of any other local, State, or Federal government unit. Inspection shall be permitted without formal notice at any times that care and services are being furnished.

Provider and County mutually agree that County or County's representatives including the Milwaukee County Department of Health and Human Services and the Milwaukee County Department of Audit as well as State and Federal officials, reserve the right to review Board approved by-laws, minutes, policies and procedures, employee files and employment records, client attendance and case records, billing and accounting records, financial statements, certified audit reports, auditor's supporting work papers and computer disks, or other electronic media, which document the audit work, and perform such additional audit procedures as may be deemed necessary and appropriate, it being understood that additional overpayment refund claims or adjustments to prior claims may result from such reviews. Such reviews may be conducted for a period of at least four (4) years following the latter of Agreement termination, or receipt of audit report, if required.

23. Withholding Or Forfeiture Of Payments

Failure of Provider to comply with Agreement requirements may result in withholding or forfeiture of any payments otherwise due Provider from County by virtue of any County obligation to Provider until such time as the Agreement requirements are met. County reserves the right to withhold payment or adjust

Provider's invoice and the payment procedures contained in the Exhibit II, Payment Method, where Provider fails to deliver the contracted services in accordance with the terms of this Agreement, or any other relevant Milwaukee County Department of Health and Human Services' administrative policies. Provider shall cooperate fully in all utilization review, quality assurance, and complaint/grievance procedures, and submit in a timely manner (if required) annual audit reports, corrective action plans, or any other requests for additional information by County. County may withhold payment entirely until requested or required information is received or, if applicable, until a written corrective action plan for improvement in services, compliance, or internal accounting control is received and approved by County.

Payment by County of Provider's invoice does not absolve the Provider from a final accounting and settlement upon submission and review of Provider's annual audit, or from audit recoveries arising from on-site audit of provider's case records or other documentation in support of services billed.

24. Co-Payment Responsibility

Collection of any client co-payment amount is the responsibility of the provider.

25. Prohibition of Supplanting

No funds paid to the provider may be used to supplement Medical Assistance, Health Maintenance Organization funded services.

26. Referral Guarantee

DHHS cannot guarantee the volume of referrals to the provider under this program.

27. Equal Opportunity Clauses

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify),(Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

Non-Discrimination

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

Affirmative Action Program

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the vendor's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the afore stated requirements, it shall be his responsibility to show that he has met all such requirements.

Non-Segregated Facilities

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

Subcontractors

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

Reporting Requirement

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

Affirmative Action Plan

VENDOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Paul Grant, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

If a current plan has been filed, indicate where filed _____ and the years cover _____
VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

Employees

_____ VENDOR certifies that it has _____ (*No. of Employees*)
_____ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) _____ employees in total.

Compliance

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this ___ day of _____, 20___ by: Firm Name _____

By _____ Address _____
(Signature)

Title _____ City/State/Zip _____

YEAR 2010 EQUAL OPPORTUNITY POLICY

_____ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that Proposers are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

_____ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

SERVICE DELIVERY - CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified Proposer for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. _____ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of _____ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery, _____ has _____ been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery shall be discussed with Ms. /Mr. _____. Ms. /Mr. _____ may be reached during week days at _____.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

(Director or Chief Officer)

(Title)

(Date)

This Policy Statement shall be posted in a conspicuous location.

28. Certification Statement Regarding Debarment and Suspension

All organizations planning to submit a proposal to the Milwaukee County Department of Health and Human Services for 2010 funding are required to sign and date the certification statement. The signed and dated statement must be submitted with the INITIAL SUBMISSION of your proposal. Contracts cannot be executed unless a Certification Statement Regarding Debarment and Suspension is on file with the DHHS.

29. Non-Discrimination in Delivery of Services

No eligible client or patient shall be unlawfully denied services or be subjected to discrimination because of age, race, religion, color, national origin, sex, sexual orientation, location, handicap, physical condition, or developmental disability as defined in s. 51.01(5) Wisconsin Statutes.

Provider agrees not to unlawfully discriminate against any employee or applicant for employment because of age, race, religion, color, national origin, sex, sexual orientation, handicap, physical condition, or developmental disability as defined in s. 51.01(5) Wisconsin Statutes.

Direct Service Provider agrees to comply with the provisions of section 56.17 County General Ordinances which is attached hereto by reference and incorporated herein as though fully set forth herein. (Referenced section of County General Ordinances is available at <http://www.milwaukeecounty.org>.)

A. Pursuant to Title VI of the Federal Civil Rights Act of 1964

No eligible client shall be denied any services enumerated in this agreement or be subjected to discrimination because of race, national origin, or color, under any program to which Title VI of the Civil Rights Act of 1964 applies.

B. Pursuant to Section 504 of the Federal Rehabilitation Act of 1973 (Handicapped)

No otherwise qualified handicapped individual shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program receiving federal or county financial assistance.

30. Audit Requirements

Annual audits of contract agencies receiving \$25,000 or more from Milwaukee County Department of Health and Human Services are required per Wisconsin Statutes, Section 46.036(4)(c). Those audits are to be performed in accordance with the requirements of the Wisconsin *Provider Agency Audit Guide (PAAG)*, 1999 revision issued by Wisconsin Departments of Health and Family Services, Corrections and Workforce Development. The PAAG includes the following audit reports and schedules:

- Auditor's Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Awards.
- Financial Statements of the Overall Agency.
- Schedule of Expenditures of Federal and State Awards.
- Incorporated Group Home/Child Caring Institution Supplemental Schedule.
- Reserve Supplemental Schedule.
- Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements in Accordance with Governmental Auditing Standards and the Provider Agency Audit Guide.
- Schedule of Prior Year Findings.
- Schedule of Current Year Findings.
- Corrective Action Plan.
- Schedule of Findings and Questioned Costs.

Milwaukee County Department of Health and Human Services Requirements

The allowability of costs is determined by the Federal Allowable Cost Principles found in *O.M.B. Circular A-122* for non-profit agencies and the Code of Federal Regulations *48 CFR part 31* for for-profit entities, and State Allowable Cost Principles found in the *Allowable Cost Policy Manual* issued by the Wisconsin Department of Health and Family Services. Purchase of Service Contracts effective January 1, 2006 and later also limit the allowability of costs based on variance from the approved budget(s).

The annual audit report shall contain a budget variance and reimbursable cost calculation for each program contracted, as identified as a separate line item in Attachment I of the Purchase of Service Contract. Such report shall follow the prescribed format, and determine the budget variance for each line item within the approved budget. Costs allowable under State and Federal Allowable Cost guidelines that exceed the approved budget by the greater of (1) 10% of the specific budget line item or (2) 3% of the total budget amount are deemed unallowable and not reimbursable under this contract. In no event shall the reimbursable amount exceed the contract amount.

An annual audit report in which the Schedule of Program Revenues and Expenses omits information or presents line-item information utilizing classifications not in strict adherence to those found in Budget Form 3 will place the Contractor out of compliance with the contract.

In past years, many auditors have prepared audited financial statements and supplementary schedules with total disregard to the requirements in the contract. This has placed many Contractors in technical non-compliance. Effective with 2006 Purchase of Service Contracts, such deviations from the contract requirements may cause budget variances, resulting in fiscal recoveries owed DHHS that would not be owed if the auditor had complied with the requirements of the contract. **IT IS IMPORTANT THAT YOUR AUDITOR READ THE AGREEMENT, THIS SUPPLEMENT, AND AGREE TO ABIDE BY THESE REQUIREMENTS.**

In order to implement these limitations on the allowability of costs, additional schedules are required in your annual audit. These schedules must conform specifically as laid out, and cannot combine individual line items. The line items **must** conform precisely to the line items found in the *Anticipated Program Expenses*, Budget Form 3 for each individual program. A separate schedule must be prepared for each program award. **MULTIPLE PROGRAMS MAY NOT BE COMBINED INTO A SINGLE SUPPLEMENTAL SCHEDULE.**

Audited financial statements and supplementary schedules are the representation of management, not the auditor. Although auditors often prepare the financial statements and schedules on behalf of management, the accuracy and compliance of the financial statements are still the responsibility of management. If auditor prepared supplementary schedules deviate from the required content and level of detail, it is quite possible the Contractor Agency will have unallowable costs and owe money back to Milwaukee County DHHS, simply because of the deficient reports. Please be sure your auditor is aware of the required schedules, their required content and the required level of detail. These schedules are your representation and responsibility; **you are the party responsible for their content and preparation, not your auditor.**

Examples of properly and improperly reported schedules.

Following are examples of properly and improperly prepared Supplementary Schedules of Program Revenue and Expense. These are all examples of reports based on the same underlying costs. The Contractor Agency in this example spent the contract amount; within allowable budget variance levels, on allowable expenditures, and when the Schedule of Program Revenue and Expense is properly prepared, owes no money back. All of the fiscal recoveries are the result of improperly prepared audit reports.

EXAMPLES OF PROPERLY AND IMPROPERLY REPORTED SCHEDULES

Underlying data and assumptions

	Budget	Actual
Wages	\$ 200,000	\$ 210,000
Benefits	50,000	57,000
Payroll Taxes	20,000	21,000
Supplies	1,000	2,000
Occupancy	150,000	140,000
Indirect:		
Payroll	40,000	35,000
Benefits	10,000	7,500
Taxes	4,000	2,500
	\$ 475,000	\$ 475,000

Example 1: Audit report correctly presented

Example 2: Audit report combines Wages, Benefits & Taxes

Example 3: Audit report segregates Benefits as Insurance & Retirement

Example 4: Audit reports Indirect Cost items as direct costs

Schedule of Revenue & Expense	Example 1	Example 2	Example 3	Example 4
Wages	\$ 210,000		\$ 210,000	\$ 245,000
Benefits	57,000			64,500
Benefits - Insurance			40,000	
Benefits - Retirement			17,000	
Payroll Taxes	21,000		21,000	23,500
Wages, Benefits & Taxes		\$ 288,000		
Supplies	2,000	2,000	2,000	2,000
Occupancy	140,000	140,000	140,000	140,000
Indirect Costs	45,000	45,000	45,000	
	\$ 475,000	\$ 475,000	\$ 475,000	\$ 475,000

Example 1: Audit report correctly presented

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 210,000	\$ 10,000	\$ 20,000	\$ -
Benefits	50,000	57,000	7,000	14,250	-
Payroll Taxes	20,000	21,000	1,000	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
		475,000			
Disallowed Variance		-			\$ -
	<u>\$ 475,000</u>	<u>\$ 475,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ -</u>			

Example 2: Audit report combines Wages, Benefits & Taxes

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 288,000	\$ 88,000	\$ 20,000	\$ 68,000
Benefits	50,000	-	(50,000)	14,250	-
Payroll Taxes	20,000	-	(20,000)	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
		475,000			
Disallowed Variance		(68,000)			\$ 68,000
	<u>\$ 475,000</u>	<u>\$ 407,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 68,000</u>			

Example 3: Audit report segregates Benefits as Insurance & Retirement

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 210,000	\$ 10,000	\$ 20,000	\$ -
Benefits	50,000	40,000	(10,000)	14,250	-
Payroll Taxes	20,000	21,000	1,000	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
Unbudgeted Items		17,000	17,000	-	17,000
		475,000			
Disallowed Variance		(17,000)			\$ 17,000
	<u>\$ 475,000</u>	<u>\$ 458,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 17,000</u>			

Example 4: Audit reports Indirect Cost items as direct costs

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 245,000	\$ 45,000	\$ 20,000	\$ 25,000
Benefits	50,000	64,500	14,500	14,250	250
Payroll Taxes	20,000	23,500	3,500	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000		(54,000)	14,250	-
		475,000			
Disallowed Variance		(25,250)			\$ 25,250
	<u>\$ 475,000</u>	<u>\$ 449,750</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 25,250</u>			

Audit Waiver

Wisconsin Statute 46.036 requires an audit from providers that receive more than \$25,000 from the Department of Health and Human Services or from a county. The statute allows the department to waive audits on a case-by-case basis. The waiver of the audit may be appropriate in certain circumstances, some of which are given below. The audit waiver criteria don't apply to Group Homes and Child Caring Institutions that provide out of home residential care for children. In addition, audits required under the Single Audit Act Amendment of 1996 cannot be waived (this refers to Single Audits under OMB Circular A-133 for agencies expending more than \$500,000 of federal funding).

If the provider does not need to have a federal audit, the audit may be waived when:

- Provider is identified as a low risk, (Sole Proprietor/ Single member LLC, or with funding around \$100,000, paid on a unit rate, alternative forms of financial reports are submitted, prior experiences, certain CBRF, AFH etc.)
- Provider agency agrees to increased or alternate form of reporting/monitoring efforts,
- Provider is funded solely with federal funds below the \$500,000 threshold,
- Department's funding is a very small part of provider's overall business,
- The audit will create a financial hardship on the provider, (e.g. audit fee more than 5% of funding).
- Audited information is not needed, due to alternate source(s) being available,
- The agency does not operate a Group Home or Child Caring Institution.

As stated earlier, the waiver will be allowed on case-by-case basis. A request for waiver may be submitted to Contract Administration, Department of Health and Human Services on the attached Audit Waiver Request form before the due date of the audit. The form is also available on the web at <http://www.milwaukeecounty.org/Contractmgt15483.htm>. The Audit Waiver Request form may be completed electronically and submitted as an email attachment to skalia@milwcnty.com, or faxed to DHHS Contract Administration at (414) 289-8574.

Agency Name: Your Agency Name Here
Contact Person: Contact Person Name Here **Title:** Title Of Contact Person
Address: Address Here
Phone #: 414-999-9999 **Fax #** 414-999-9999 **Email:** youremail@here

AUDIT WAIVER REQUEST

Dennis Buesing,
Contract Administrator
Milwaukee County Department of Health & Human Services (DHHS)
1220 West Vilet St. Suite 109
Milwaukee, WI 53205

Re: 2006 Purchase of Services Waiver of Audit Request

1. **Date of Request:**
 2. **Program:** Program (S) Names Here
 3. **DHHS Division:** BHD
 4. **Total Contract Amount:** \$0.00
 5. **Total Amount Earned/payment received:** \$0.00
 6. **Reason Audit Waiver is being requested:**
 - a. **Experience:**

Number of years in Business: 0
Number of year's experience providing these services: 0
Number of year's experience providing these services to DHHS: 0
Payment Method: Unit Rate
Other program reports submitted to DHHS: Other Program Reports Like Daily Time Sheet
 - b. **Audit Fee exceed 5% of payments under the contract:**

Audit Cost: \$0.00
Source of estimate: CPA Firms name, Contact & Phone number
 - c. **Audit not cost effective or undue burden. Please explain:** Any Other Reason For Audit Being Undue Burden Or Not Cost Effective, Other Reasons Like Single Member Llc, Sole Proprietorship Etc.
7. **Alternate Form of Financial Statement/Reports being provided in lieu of certified audit reports (Check all that you could provide)**

☐ CPA Compiled ☐ /Reviewed ☐ Internally Generated Financial Statement,
☐ Statement of Revenue and Expenditure by Program, ☐ Copy of Tax return

Signature _____ Date _____

OFFICE USE: ___ Approved ___ Denied Vendor Type: Low Risk/High Risk

Comments/ alternate form of Financial and/or Program compliance monitoring being implemented:

Signature

Date

You can fax or email this form to: Fax (414) 289-8574 Email: skalia@milwcntv.com

Required Annual Audit Schedules

Schedule of Program Revenue and Expense

Schedule of Revenue and Expense by Funding Source

Schedules Required by Provider Agency Audit Guide

Schedule of Expenditures of Federal and State Awards

Incorporated Group Home/Child Caring Institution Supplemental Schedule

Reserve Supplemental Schedule

Schedule of Findings and Questioned Costs

REQUIRED ANNUAL AUDIT SCHEDULES

Schedule of Program Revenue and Expense

Prepare a separate Program Revenue and Expense Schedule for each program contracted. Each program contracted is represented by a separate line item on Exhibit I of the Purchase of Service Contract, and had has a separate Budget Form 3 in the proposal submission. **DO NOT COMBINE MULTIPLE PROGRAMS INTO A SINGLE PROGRAM REVENUE AND EXPENSE SCHEDULE.**

Specific Instructions

Actual. In the column labeled “Actual”, report the actual costs incurred for the program during 2010 or the fiscal period ending in 2010. Do not include costs unallowable under the allowable costs principles contained in the *Allowable Cost Policy Manual, 1999 revision, O.M.B. Circular A-122 or Code of Federal Regulations 48 CFR part 31.*

Approved Budget. In the column labeled “Approved Budget”, report the latest approved budget for the program, as calculated on Budget Forms 3 and 4. If you need to combine information from more than one Form 3 and Form 4 in order to encompass the entire budget for this program, **STOP.** Two or more programs have been combined in the report. The total actual expenses reported in this schedule will be compared to one and only one program budget. **MONEY WILL BE OWED BACK TO MILWAUKEE COUNTY.** Prepare a separate Program Revenue and Expense Schedule for each individual program.

Variance from Budget. In the column labeled “Variance From Budget” report the difference between the actual expenses incurred and the approved budget. Actual expenses in excess of the approved budget will be reported as positive amounts; actual expenses less than the approved budget amount will be reported as negatives.

Revenues. Report program revenues for all services performed in 2010 identified by the line items indicated. **DO NO COMBINE LINE ITEMS.** These line items correspond to the budget forms submitted with the original application, were part of the basis used in determining the contract amount and/or rate, and are incorporated into your contract by reference.

Expenses. Report program expenditures for all services performed in 2010 identified by the line items indicated. **DO NO COMBINE LINE ITEMS.** These line items correspond to the budget forms submitted with the original application, were part of the basis used in determining the contract amount and/or rate, and are incorporated into your contract by reference. As indicated in the examples previously presented, combination of line items may result in un-allowability of otherwise allowable costs.

31. Civil Rights Compliance Plan

Consistent with the requirements of the U. S. Department of Health and Human Services and the State of Wisconsin Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS), all for-profit and non-profit entities applying for funding are required to complete and submit a copy of a CIVIL RIGHTS COMPLIANCE PLAN (CRCP) to include Affirmative Action, Equal Opportunity, and Limited English Proficiency (LEP) Plans. This applies to agencies and organizations that have 25 or more employees, or do \$25,000 or more worth of

business with Milwaukee County. Any agency or organization that is required to file a CRCP with the DWD or the DHFS in 2005 must submit a copy of the same plan to the Milwaukee County Department of Health and Human Services (DHHS). All other agencies and organizations are required to file a “Letter of Assurance” with the DHHS.

Agencies and organizations that file the State forms listed below are required to submit copies of those forms to the Milwaukee County Department of Health and Human Services as part of their application for funding.

- Form DOA 3607, Affirmative Action Eligibility by Federal Employer Identification Number or Social Security Number;
- Form DOA 3024, Affirmative Action Request for Exemption (from filing Form DOA 3607);
- Form DOA 3023, Vendor Subcontractor List (for qualified subcontractors that meet Equal Opportunity thresholds).

APPENDIX:

***SINGLE
COORDINATED
CARE PLAN
(SCCP)***

‘Wiser Choice Program’ Single Coordinated Care Plan								
Client Name:			Recovery Support Coordinator:			Lead Facilitator:		
Initial ‘Wiser Choice Program’ Eligibility Date:			POC Date:			Plan Revision Date:		
Client Vision:								
Functional Strengths of Clients:								
1.			6.					
2.			7.					
3.			8.					
4.			9.					
5.			10.					
Client Needs								
1.		Strengths/Strategies to Meet Needs (Supported by the Functional Strengths Above)						
		Strengths:						
		Strategy:						
		Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
2.		Strengths:						
		Strategy:						
		Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date

DOMAINS TO CONSIDER							
▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>		
▪ <i>Mental/Emotional Health</i>	▪ <i>Leisure Time Activity</i>	▪ <i>Physical/Medical Health</i>	▪ <i>Safety</i>	▪ <i>Community Contacts</i>			

Research Tracking Code:

Client:
Client Vision:

Client Needs	Strengths/Strategies to Meet Needs (Supported by Functional Strengths Above)						
3.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
4.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
5.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date

DOMAINS TO CONSIDER					
▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>
▪ <i>Mental/Emotional Health</i>	▪ <i>Leisure Time Activity</i>	▪ <i>Physical/Medical Health</i>	▪ <i>Safety</i>	▪ <i>Community Contacts</i>	

Client:
Client Vision:

Client Needs	Strengths/Strategies to Meet Needs (Supported by the Functional Strengths Above)						
6.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
7.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
8.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date

DOMAINS TO CONSIDER					
▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>
▪ <i>Mental/Emotional Health</i>	▪ <i>Leisure Time Activity</i>	▪ <i>Physical/Medical Health</i>	▪ <i>Safety</i>	▪ <i>Community Contacts</i>	

Client:
Client Vision:

Client Needs	Strengths/Strategies to Meet Needs (Supported by the Functional Strengths Above)						
9.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
10.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date

Notes (Please indicate date of entry):

Follow-up Meeting Date:

DOMAINS TO CONSIDER					
▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>
▪ <i>Mental/Emotional Health</i>	▪ <i>Leisure Time Activity</i>	▪ <i>Physical/Medical Health</i>	▪ <i>Safety</i>	▪ <i>Community Contacts</i>	

Client:
Client Vision:

Signature of Client:			Date:			
Signature of Lead Facilitator:		Phone:		Date:		
Recovery Support Coordinator:		Phone:		Date:		
Signatures of Team Members						
Signature	<u>Date</u>	Informal or Formal Support	Organization or Relationship with Client	Phone	Invited	Attended

Prohibition on Redisclosure: This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Par 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

DOMAINS TO CONSIDER					
▪ Work and Education	▪ Social Participation/Interpersonal Relationships	▪ Family	▪ Legal	▪ Physical Environment	▪ Housing
▪ Mental/Emotional Health	▪ Leisure Time Activity	▪ Physical/Medical Health	▪ Safety	▪ Community Contacts	